Appendix 1

Administrative Compliance Order AES-PR Coal Fired Power Plant Docket Number CWA-02-2012-3100

Comprehensive Annual Evaluation December 2014



United States Environmental Protection Agency Washington, DC 20460

VLIA				
Annual Reporting Form				
A. GENERAL INFORMATION				
1. Facility Name: AESPR				
2. NPDES Permit Tracking No.: PRR05BL65				
3. Facility Physical Address:				
a. Street: K M 1 4 2 S T A T E R O A D P R - 3				
b. City: GUAYAMA c. State: PR d. Zip Code: 00784-				
4. Lead Inspectors Name: HECTOR MAVILA Title: ENVIRONMENTAL COORD				
Additional Inspectors Name(s):				
5. Contact Person: HECTOR MAVILA Title: ENVIRONMENTAL COORD				
Phone: 7 8 7 - 8 6 6 - 8 1 1 7 Ext. 2 2 6 6 E-mail: h e c t o r . a v i l a @ a e s . c o m				
6. Inspection Date: 1 2 / 1 6 / 2 0 1 4				
B. GENERAL INSPECTION FINDINGS				
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to stormwater? If NO, describe why not: **NOTE: Complete Section C of this form for each industrial activity area inspected and included in your SWPPP or as newly identified in B.2 or B.3 below where pollutants.				
may be exposed to stormwater.				
2. Did this inspection identify any stormwater or non-stormwater outfalls not previously identified in your SWPPP? 🔲 YES 🔯 NO				
If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place:				

3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP? 🛛 YES 🔲 NO
If YES, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges, and any control measures in place:
Outfall 002 may receive sediment tracking from outside unpaved road when trucks access through south gate (gate #3). Control measures are under evaluation to be implemented.
4. Did you review stormwater monitoring data as part of this inspection to identify potential pollutant hot spots? YES NO NA, no monitoring performed
If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:
Review of monitoring data did not result in identification of additional pollutant hot spots.
5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measures to prevent scouring:
Pollutants may be discharging to surface waters at outfall 002 from truck tracking sediment coming from outside unpaved road.
6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection? YES NO
If YES, how many conditions requiring review for correction action as specified in Parts 3.1 and 3.2 were addressed by these corrective actions?
NOTE: Complete the attached Corrective Action Form (Section D) for each condition identified, including any conditions identified as a result of this comprehensive stormwater inspection.

C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS		The state of the s		
Complete one block for each industrial activity area where pollutants may be exposed to stormwater. Copy this page for additional industrial activity areas.				
In reviewing each area, you should consider: Industrial materials, residue, or trash that may have or could come into contact with stormwater; Leaks or spllis from industrial equipment, drums, tanks, and other containers; Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and Tracking or blowing of raw, final, or waste materials from areas of no exposure to exposed areas.				
INDUSTRIAL ACTIVITY AREA1_:				
1. Brief Description:				
Concrete channel at north side of the limestone dome needs to be cleaned.				
Are any control measures in need of maintenance or repair?	⊠ YES	□NO		
Have any control measures failed and require replacement?	YES	⊠ NO		
Are any additional/revised control measures necessary in this area?	☐ YES	⊠ NO		
If YES to any of these three questions, provide a description of the problem: Corrective Action Form)				
Increase good housekeeping practices requiring to main	stain tha	channel free from abotimus		
material good modelicoping practices requiring to main	itain the	channel free from obstruction.		
INDUSTRIAL ACTIVITY AREA _ 2 :				
1. Brief Description:				
Diesel unloading concrete low wall secondary containment	ent need	ls repair at one of its corners.		
2. Are any control measures in need of maintenance or repair?	▼YES	□NO		
3. Have any control measures failed and require replacement?	☐ YES	⊠ NO		
4. Are any additional/revised c necessary in this area?	☐ YES	⊠ NO		
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)				
Repair low wall secondary containment.				
INDUSTRIAL ACTIVITY AREA _3_:				
Brief Description:				
Super silt fence along the inactive coal pile need to be replaced at few areas.				
Are any control measures in need of maintenance or repair?	▼YES	□ NO		
3. Have any control measures failed and require replacement?	▼ YES	□NO		
4. Are any additional/revised BMPs necessary in this area?	☐ YES	⊠ NO		
If YES to any of these three questions, provide a description of the problem: Corrective Action Form)	(Any neces	ssary corrective actions should be described on the attached		
Established regular inspection and replace silt fence as required.				

		NOTE: Copy this page and attach additional pages as necessary
INDUSTRIAL ACTIVITY AREA _4_:		
1. Brief Description:		
Sample point 000 and data by 155 day		
Sample point 002 needs to be modified to con	mply with	the requirements of the MSGP.
Are any control measures in need of maintenance or repair?	▼ YES	□NO
Have any control measures failed and require replacement?	☑ YES	□ NO
4. Are any additional/revised BMPs necessary in this area?	☐ YES	⊠ NO
If YES to any of these three questions, provide a description of	of the problem	: (Any necessary corrective actions should be described on the attached
Corrective Action Form)	•	, , , , , , , , , , , , , , , , , , ,
The tip of the strainer cannot touch the floor	and also th	ne v-notch need to be raised.
INDUCTDIAL ACTIVITY ADEA		
INDUSTRIAL ACTIVITY AREA _5_:		
1. Brief Description:		
Sediment tracking may discharge at outfall 00	2 when tri	ucks gain access through gate #3. Additional BMP is required.
	West of the Control o	
Are any control measures in need of maintenance or repair?	▼YES	□NO
Have any control measures failed and require replacement? Are any additional fault and PMD:	⊠ YES	□ NO
Are any additional/revised BMPs necessary in this area? If VEC to any of the partitions are as a second of the partition.	▼YES	□NO
Corrective Action Form)	f the problem:	(Any necessary corrective actions should be described on the attached
Proper selection and installation of PMD is we		Water to the second sec
Proper selection and installation of BMP is red	quirea to p	prevent pollutants be discharged.
INDUSTRIAL ACTIVITY AREA:		
Brief Description:		
2. Are any control measures in need of maintenance or repair?	☐ YES	□NO
3. Have any control measures failed and require replacement?	☐ YES	□ NO
4. Are any additional/revised BMPs necessary in this area?	☐ YES	□ NO
If YES to any of these three questions, provide a description of Corrective Action Form)	the problem:	(Any necessary corrective actions should be described on the attached
Conscieve Adiron Form)		

D. CORRECTIVE ACTIONS				
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.				
Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.				
1. Corrective Action # 0 1 of 0 5 for this reporting period.				
2. Is this corrective action:				
☐ An update on a corrective action from a previous annual report; or				
☑ A new corrective action?				
3. Identify the condition(s) triggering the need for this review:				
☐ Unauthorized release or discharge				
☐ Numeric effluent limitation exceedance				
☐ Control measures inadequate to meet applicable water quality standards				
☐ Control measures inadequate to meet non-numeric effluent limitations				
☑ Control measures not properly operated or maintained				
☐ Change in facility operations necessitated change in control measures				
Average benchmark value exceedance				
Other (describe):				
4. Briefly describe the nature of the problem identified:				
Sediment accumulation at process water concrete channel (north side of the limestone dome) can reduce its capacity to manage storm water runoff. 5. Date problem identified: 1 2 / 1 6 / 2 0 1 4				
6. How problem was identified:				
☑ Comprehensive site inspection				
☐ Quarterly visual assessment				
☑ Routine facility inspection				
☐ Benchmark monitoring				
☐ Notification by EPA or State or local authorities				
☐ Other (describe):				
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:				
Housekeeping has been performed but the frequency needs to be increased.				
8. Did/will this corrective action require modification of your SWPPP? YES NO				
9. Date corrective action initiated: 1 2 / 1 7 / 2 0 1 4				
10. Date correction action completed: 12/30/12014 or expected to be completed:				
11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:				
Corrective actions were completed. SWPPP was modified to incorporate non-structural BMP's.				

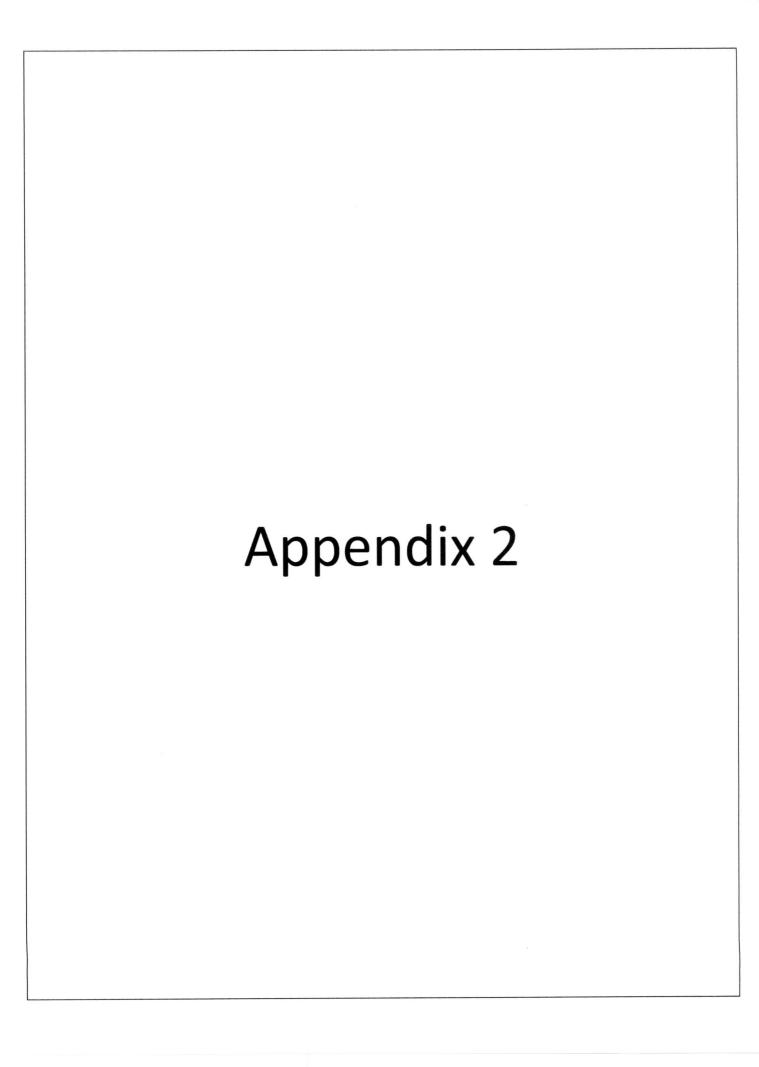
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1. Corrective Action # 0 2 of 0 5 for this reporting period.
2. Is this corrective action:
☐ An update on a corrective action from a previous annual report; or
☑ A new corrective action?
3. Identify the condition(s) triggering the need for this review;
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☐ Numeric effluent limitation exceedance
☐ Control measures inadequate to meet applicable water quality standards
☐ Control measures inadequate to meet non-numeric effluent limitations
☑ Control measures not properly operated or maintained
☐ Change in facility operations necessitated change in control measures
☐ Average benchmark value exceedance
☐ Other (describe):
4. Briefly describe the nature of the problem identified:
Diocel unloading concepts law well accordence at the control of th
Diesel unloading concrete low wall secondary containment needs repair at one of its corners.
5. Date problem identified: 12/02/2014
6. How problem was identified:
☐ Comprehensive site inspection
☐ Quarterly visual assessment
☐ Routine facility inspection
☐ Benchmark monitoring
☑ Notification by EPA or State or local authorities
Other (describe):
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:
Repair low wall of secondary containment.
8. Did/will this corrective action require modification of your SWPPP? YES NO
9. Date corrective action initiated: 1 2 / 0 3 / 2 0 1 4
10. Date correction action completed: 12/23/2014 or expected to be completed:
11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:
Corrective action was completed.

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☐ A new corrective action?
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☐ Control measures inadequate to meet applicable water quality standards
☐ Control measures inadequate to meet non-numeric effluent limitations
☑ Control measures not properly operated or maintained
☐ Change in facility operations necessitated change in control measures
☐ Average benchmark value exceedance
Other (describe):
4. Briefly describe the nature of the problem identified:
Super silt fence along the inactive coal pile needs to be replaced at few areas.
5. Date problem identified: 1 2 / 0 2 / 2 0 1 4
6. How problem was identified:
Comprehensive site inspection
Ouartedy vieual accocement
Quarterly visual assessment
☐ Routine facility inspection
☐ Routine facility inspection ☐ Benchmark monitoring
☐ Routine facility inspection ☐ Benchmark monitoring ☑ Notification by EPA or State or local authorities
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□ Routine facility inspection □ Benchmark monitoring ☑ Notification by EPA or State or local authorities □ Other (describe): □ Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination: Silt fences must be properly installed and maintained following established guidelines.
 ☐ Routine facility inspection ☐ Benchmark monitoring ☑ Notification by EPA or State or local authorities ☐ Other (describe): 7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination: Silt fences must be properly installed and maintained following established guidelines. 8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO
□ Routine facility inspection □ Benchmark monitoring ☑ Notification by EPA or State or local authorities □ Other (describe): □ 7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination: Silt fences must be properly installed and maintained following established guidelines. 8. Did/will this corrective action require modification of your SWPPP? □ YES ☒ NO 9. Date corrective action initiated: □ 1 2 / □ 3 / 2 □ 1 4 10. Date correction action completed: □ 0 1 / 2 1 / 2 1 1 / 3 □ 1 5 or expected to be
Routine facility inspection Benchmark monitoring Motification by EPA or State or local authorities Other (describe):
□ Routine facility inspection □ Benchmark monitoring ☑ Notification by EPA or State or local authorities □ Other (describe): □ 7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination: Silt fences must be properly installed and maintained following established guidelines. 8. Did/will this corrective action require modification of your SWPPP? □ YES ☑ NO 9. Date corrective action initiated: □ 1 2 1 0 3 1 2 0 1 4 10. Date correction action completed: □ 1 1 2 1 1 2 0 1 5 or expected to be completed: □ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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☐ Numeric effluent limitation exceedance
☐ Control measures inadequate to meet applicable water quality standards
☐ Control measures inadequate to meet non-numeric effluent limitations
☑ Control measures not properly operated or maintained
☐ Change in facility operations necessitated change in control measures
Average benchmark value exceedance
Other (describe):
4. Briefly describe the nature of the problem identified:
Comple point 002 people to be modified to security with the requirements of the MCCD
Sample point 002 needs to be modified to comply with the requirements of the MSGP.
5. Date problem identified: 12/02/2014
6. How problem was identified:
☐ Comprehensive site inspection
Quarterly visual assessment
☐ Routine facility inspection
☐ Benchmark monitoring
☑ Notification by EPA or State or local authorities
Other (describe):
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:
The tip of the strainer cannot touch the floor and also the v-notch needs to be raised.
8. Did/will this corrective action require modification of your SWPPP? TYES X NO
9. Date corrective action initiated: 1 2 / 0 2 / 2 0 1 4
10. Date correction action completed: 0 1 / 2 1 / 2 0 1 5 or expected to be completed:
11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:
Corrective action was completed.

D. CORRECTIVE ACTIONS					
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.					
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2. Is this corrective action:					
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☑ A new corrective action?					
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☐ Numeric effluent limitation exceedance					
☐ Control measures inadequate to meet applicable water quality standards					
☑ Control measures inadequate to meet non-numeric effluent limitations					
☐ Control measures not properly operated or maintained					
☐ Change in facility operations necessitated change in control measures					
☑ Average benchmark value exceedance					
☑ Other (describe): <u>Control measures not adequate</u>					
Briefly describe the nature of the problem identified:					
Sediment tracking may discharge at outfall 002 when trucks gain access through gate #3. Additional BMP is required.					
5. Date problem identified: 12/02/12014					
6. How problem was identified:					
☑ Comprehensive site inspection					
☐ Quarterly visual assessment					
☐ Routine facility inspection					
☐ Benchmark monitoring Minorification by EPA or State or legal outbrailing.					
☑ Notification by EPA or State or local authorities ☐ Other (describe):					
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:					
Proper selection and installation of BMP is required to prevent pollutants be discharged.					
8. Did/will this corrective action require modification of your SWPPP? 🔯 YES 🔲 NO					
9. Date corrective action initiated: 12/03/2014					
10. Date correction action completed:					
11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:					
A possible BMP solution has been identified. Waiting for parts arrival and installation.					

E. ANNUAL REPORT CERTIFICATION				
1. Compliance Certification				
Do you certify that your annual inspection has met the requirements of Part 4.3 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?				
If NO, summarize why you are not in compliance with the permit:				
2. Annual Report Certification				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				
Authorized Representative Printed Name: M A N U E L M A T A				
Signature: Date Signed: January 23, 2015				



Administrative Compliance Order AES-PR Coal Fired Power Plant Docket Number CWA-02-2012-3100

Routine Facility Inspections October - December 2014

Storm Water Industrial Routine Facility Inspection Report Worksheet No. 5 **General Information Facility Name** AES Puerto Rico L.P. NPDES Tracking No. PRR05BL65 **Date of Inspection** December 16, 2014 Start/End Time 2:00 p.m. - 5:00 p.m. Héctor M. Ávila Inspector's Name(s) Inspector's Title(s) **Environmental Coordinator Inspector's Contact Information** 787-866-8117 ext.2266 Inspector's Qualifications Engineer Weather Information Weather at time of this inspection? ☐ Clear XCloudy ☐ Rain ☐ Sleet ☐ Fog ☐ Snow ☐ High Winds ☐ Other: Temperature: 78F Have any previously unidentified discharges of pollutants occurred since the last inspection? □Yes ✓No If ves, describe: Are there any discharges occurring at the time of inspection? ✓Yes □No If yes, describe: Discharge at SP-001, SP-002 and SP-003 by storm water. **Control Measures** •Number the structural stormwater control measures identified in your SWPPP on your site map and list them below (add as many control measures as are implemented on-site). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required control measures at your facility. • Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log. Structural Control Control If No. In Need of Corrective Action Needed and Notes Measure Measure is Maintenance. (identify needed maintenance and repairs, or any Operating Repair, or failed control measures that need replacement) Effectively? Replacement? ☐ Maintenance Water Treatment Berm ✓Yes □No ☐ Repair ☐ Replacement Coal Pile Run-off The coal pile run off pond and the sediment are in the cleaning process. ✓Yes □No ☐ Maintenance This activity will be finished by the end of this month. Sediment trap ☐ Repair ☐ Replacement 3 Limestone Dome ✓ Yes □No Channel at north side in front of the limestone dome need to be cleaned. ✓ Maintenance ☐ Repair ☐ Replacement Agremax Pile Gabion ✓Yes □No ☐ Maintenance Wall ☐ Repair ☐ Replacement 5 Oil Separator Heavy ✓Yes □No ☐ Maintenance Equipment Shop ☐ Repair ☐ Replacement Fuel Oil Secondary ✓ Maintenance 6 ☐Yes ✓No Fuel Oil tanks secondary containment need to be cleaned. Also the low wall at the unloading area needs repair Containment ✓ Repair ☐ Replacement 7 Oil Drum Storage Shed ✓Yes □No ☐ Maintenance ☐ Repair ☐ Replacement Soda Ash Secondary 8 ✓Yes □No ☐ Maintenance Containment ☐ Repair ☐ Replacement

9

Acid/Caustic Secondary

Containment

✓Yes □No

☐ Maintenance

☐ Repair ☐ Replacement

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
10	Marine Dock Wash	✓Yes □No	☐ Maintenance	
	Holding Tank		Repair	
11	Wh - 1 W - 1 -	/V 50V	Replacement	
11	Wheel Washer	✓Yes □No	☐ Maintenance	
			Repair	
12	Roll up cover for waste	✓Yes □No	☐ Replacement☐ Maintenance	
12	dumpsters	r les uno	☐ Repair	
	dampaters		Replacement	
13	Reinforced silt fence	□Yes ✓No	✓ Maintenance	The reinforced silt fence is under replacement. This work will be
			Repair	finish by the end of month.
			Replacement	
14	Catch basin inlet	✓Yes □No	☐ Maintenance	
	protection		☐ Repair	
			Replacement	
15	Cooling tower	✓Yes □No	☐ Maintenance	
	containment structure		Repair	
16	Unnaved and	(V CD)	Replacement	A 111-
16	Unpaved road stabilization	✓Yes □No	☐ Maintenance	Additional gravel was applied to unpaved roads.
	Stabilization		Repair	
17	CDS/ESP containment	✓Yes □No	☐ Replacement ☐ Maintenance	
	area	103 4110	Repair	
			Replacement	
18	Dust suppression system	✓Yes □No	☐ Maintenance	Dust suppression project was finished and in operation.
	for Agremax		☐ Repair	
			Replacement	
19	Dust suppression system	✓Yes □No	☐ Maintenance	
	for truck unloading area		Repair	
20	Y	/XI (7)	Replacement	
20	Limestone silo secondary containment	✓Yes □No	☐ Maintenance	
	secondary containment		Repair Replacement	
21	Coal transfer dust	✓Yes □No	☐ Maintenance	
~.	suppression system	103 2110	Repair	
	1,		Replacement	
22	Coal conveyor cover	✓Yes □No	☐ Maintenance	A section of the coal conveyor system is under repair. Scaffold
			☐ Repair	material was placed above the conveyor to avoid storm water
			Replacement	exposure until finished the repairs.
23	Water Truck	✓Yes □No	☐ Maintenance	
			Repair	
24	M - 1 - 1 - 1	/11 CD)	Replacement	
24	Mechanical sweeper	✓Yes □No	☐ Maintenance	
			Repair Replacement	
25		□Yes □No	☐ Maintenance	
		WILLS WILL	Repair	
			Replacement	
26		□Yes □No	☐ Maintenance	
			Repair	
			Replacement	
27		☐Yes ☐No	☐ Maintenance	
			☐ Repair	,
			Replacement	

Areas of Industrial Materials or Activities exposed to stormwater

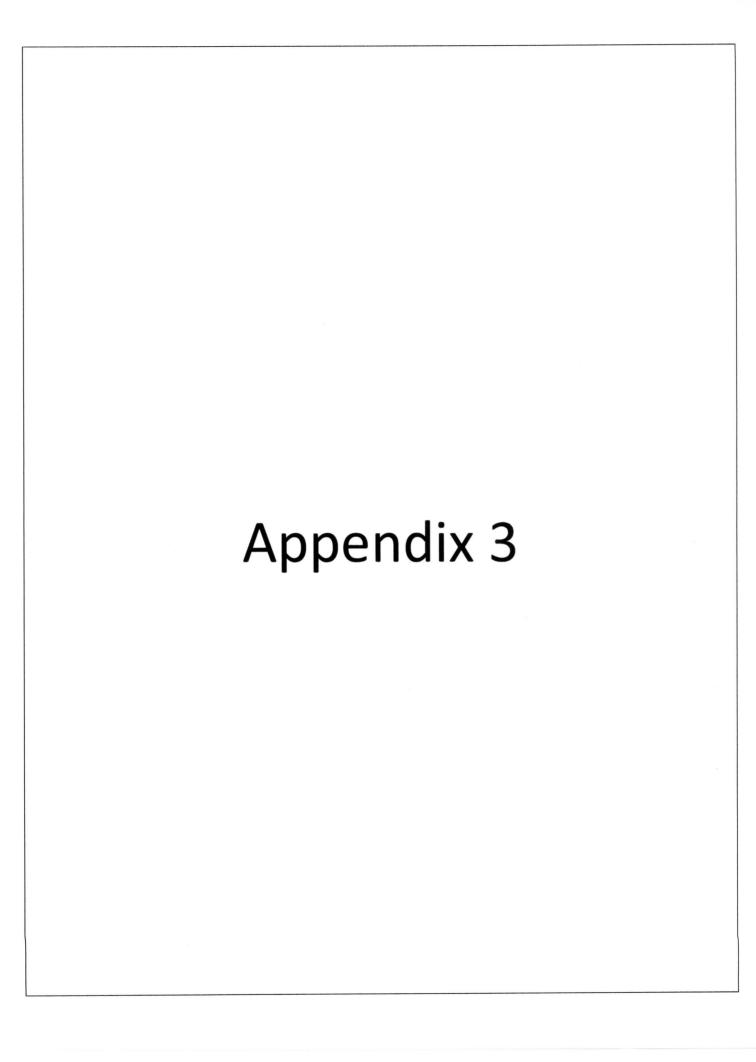
Below are some general areas that should be assessed during routine inspections. Customize this list as needed for the specific types of industrial materials or activities at your facility.

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	Material loading/unloading and storage areas (Agremax, Limestone, Coal Storages)	✓Yes □No □ N/A	✓Yes □No	
2	Heavy Equipment operations and maintenance areas	✓Yes □No □ N/A	✓Yes □No	
3	Fueling areas (Heavy Equipment Fueling and Storage Tank Unloading)	✓Yes □No □ N/A	✓Yes □No	
4	Outdoor vehicle and equipment washing areas	✓Yes □No □ N/A	√Yes □No	
5	Waste handling and disposal areas	✓Yes □No □ N/A	√Yes □No	
6	Erodible (Coal Pile, Agremax Pile)	✓Yes □No □ N/A	✓Yes □No	
7	Non-stormwater/ illicit connections	✓Yes □No □ N/A	√Yes □No	
8	Dust generation and vehicle tracking	✓Yes □No □ N/A	√Yes □No	
9	Water Treatment Area	✓Yes □No □ N/A	√Yes □No	
10	Power Block Area	✓Yes □No □ N/A	√Yes □No	
11	Administration Building Area	✓Yes □No □ N/A	√Yes □No	
12	2 Million and 18 Million Pond Area	✓Yes □No □ N/A	✓Yes □No	
13	Marine Dock Area	✓Yes □No □ N/A	✓Yes □No	
14	Stormwater Sample Point 002	Yes □No □ N/A	□Yes ✓No	Additional BMP is under evaluation. Possible catch basin filter will be installed. Also the SP-002 need to be modified to be in compliance with the MSGP 2008 conditions.
15	Stormwater Sample Point 003	✓Yes □No □ N/A	√Yes □No	
16	Stormwater Sample Point 001	✓Yes □No □ N/A	✓Yes □No	
17	Run-on storm water	✓Yes □No □ N/A	✓Yes □No	

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
	conveyance system			
18	Run-off Storm Water conveyance system	✓Yes □No □ N/A	√Yes □No	All run off storm water conveyance system was cleaned.
19	Process water conveyance system	✓Yes □No □ N/A	✓Yes □No	All process water conveyance system was cleaned.
			Non-Comp	liance
	cribe any incidents of non-con			

Additional Control Measures

Describe any additional control measures needed to comply with the permit requirements:
Sample point 002 need to be modified to comply with the requirements of the MSGP 2008 condition. Work order was placed and contractor selected to complete the work.
Diesel unloading low wall need repair. Work order was placed.
Notes
Use this space for any additional notes or observations from the inspection:
CERTIFICA TRONCES ATTOMATO
CERTIFICATION STATEMENT "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in
accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information
submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for
gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and
complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."
Print name and title: Hecker M. Auth / Env. Coordinater Signature: Date: 12/16/14
Signature:



Administrative Compliance Order AES-PR Coal Fired Power Plant Docket Number CWA-02-2012-3100

Benchmark Monitoring December 2014

Benchmark Monitoring Results Data Table

	Parameter	Benchmark Values	Outf	all 002	Outfall 003A	Outfall 003B	Outfa	ıll 004
- 1			6-Feb-12	19-Mar-12		19-Mar-12	6-Feb-12	19-Mar-12
	Aluminum	0.75	247	11	NA	52.3	2.52	0.508
1st & 2nd	Iron	1	111	2.86	ŇA	57.6	3.03	0.818
Monitoring	Lead	0.262*	0.287	0.012	ŇA	0.069	0.01	< 0.002
1	Zinc	0.26*	1.4	0.089	NA	1.16	0.202	0.103
				10-May-12	10-May-12	10-May-12		10-May-12
	Aluminum	0.75		28	24.4	2.36		2.82
	Iron	1		25.2	29.1	2.76		3.83
3rd Monitoring	Lead	0.262*		0.041	0.026	0.003		0.007
	Zinc	0.26*		0.135	0.265	0.093		0.348
				20-Jul-12	20-Jul-12	20-Jul-12		20-Jul-12
	Aluminum	0.75		54.8	8.48	10.9		1.57
	Iron	1		63.9	11.8	12.9		1.6
4th Monitoring	Lead	0.262*		0.044	0.008	0.01		0.005
	Zinc	0.26*		0.302	0.095	0.222		0.211
				i				3-Dec-12
	Aluminum	0.75		i I				40.6
	Iron	1		i 				43.63
5th Monitoring	Lead	0.262*		 				0.058
	Zinc	0.26*		 				0.178
	Zine	0.20		1-Feb-13		1-Feb-13		1-Feb-13
	Aluminum	0.75		146	N/A	34.4		4.62
	Iron	1		180	N/A	41.4		5.23
6th Monitoring	Lead	0.262*		0.693	N/A	0.625		0.145
	Zinc	0.26*		0.588	N/A	0.431		0.231
	Zilic	0.20						
	Aluminum	0.75		8-May-13 61.6	22-May-13 3.84	8-May-13 0.812		8-May-13
7th Monitoring		1		14.1	4.31	0.75		1.17
7th Monitoring	Iron Lead	0.262*		0.108	0.008	0.002		0.003
	Zinc	0.262*		0.328	0.008	0.002		0.243
	Zinc	0.26*				0.073		
	A1 :	0.75		12-Sep-13	12-Sep-13 1.62			12-Sep-13
	Aluminum			184	1.62			11.4
8th Monitoring	Iron	1						
8th Monitoring	Lead	0.262*		0.025	0.01			0.016
	Zinc	0.26*		0.675	0.021			0.175
		^		8-Oct-13	8-Oct-13			8-Oct-13
	Aluminum	0.75		93.6	2.49			11.1
9th Monitoring	Iron	1		116	2.41			13.2
	Lead	0.262*		0.008	0.004			0.007
	Zinc	0.26*		0.272	0.171			0.082
				2-Apr-14	10-Apr-14			2-Apr-14
	Aluminum	0.75		1.63	0.066			7.2
10th Monitoring	Iron	1		1.52	0.023			7.25
	Lead	0.262*		0.1	0.1			0.026
10th Monitoring	Zinc	0.26*		0.014	0.057			0.439
				18-Jul-14	18-Jul-14			18-Jul-14
	Aluminum	0.75		0.313	0.134			0.248
11th Monitoring	Iron	1		0.102	0.119			0.134
	Lead	0.262*		0.001	0.004			0.001
	Zinc	0.26*		0.016	0.005			0.025
				19-Dec-14	16-Dec-14			19-Dec-14
	Aluminum	0.75		0.364	0.124			0.24
17th Monitoric	Iron	1		0.063	0.055			0.244
12th Monitoring	Lead	0.262*		0.001	0.006			0.001
	Zinc	0.26*		0.026	0.001			0.016



United States Environmental Protection Agency Washington, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (MDMR)

Form Approved. OMB No. 2040-0004

Reason(s) for Submission (Check all that apply): Submitting monitoring data (Fill in all Sections) Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C.1, D, and F). Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, F and include date of status change in comment field in Section E.4). Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section E.4).

Reporting that no further pollutant reductions are achievable for all out A. Permit Tracking Number: |PRR|0|5|B|L|6|5 Note: Read instructions before completing this Form. B. Facility Information 1. Facility Name: AES PUERTO RICO 2. Facility Location BO.JOBOS |P|R|-|0|3| |K|M| |1|4|2|.|0| a. Street: c. State: |P|R| d. Zip Code: |0|0|7|8|5|-| | | GUAYAMA b. City: 3. Additional Facility Information (Optional): Email: manuell.mataaaes..com MANUEL MATA Contact Name: |7|8|7|-|8|6|6|-|8|1|1|7| Phone: 4. MDMR Preparer (Complete if MDMR was prepared by someone other than the person signing the certification in Section F) HECTOR M AVIILA Prepared by: ALEIS PUERTO RICO Organization: h|e|c|t|o|r|.|a|v|i|I|a@a|e|s|.|c|o|m Email: |7|8|7|-|8|6|6|-|8|1|1|7| Ext. |2|2|6|6| Phone: C. Discharge Information Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring 1. Identify monitoring period: schedule and indicate for which alternative monitoring period you are reporting monitoring data: Quarter 1: From |0|1|/|0|1| To |0|3|/|3|1| Quarter 1 (April 1 – June 30) |0|4|/|0|1| To |0|6|/|3|0| Quarter 2: From Quarter 2 (July 1 – September 30) \square Quarter 3: From |0|7|/|0|1| To |0|9|/|3|0|Quarter 3 (October 1 – December 31) |1|0|/|0|1| To |1|2|/|3|1 Quarter 4 (January 1 – March 31) Quarter 4: From 2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc? 🗹 Yes (Complete line item 2.a.) 🔲 No (Skip to Section D) 2a. What is the hardness level of the receiving water? 6800 mg/L D. Outfall Information 1. How many outfall(s) are identified in your SWPPP? 03 List name of outfall(s) required to be monitored in table below. 2.a. If yes, for each monitored outfall, indicate outfall names that are substantially identical in table below 3.C. No Discharge? 3.A. Monitored Outfall Name* 3.B. Substantially Identical Outfalls [List name(s) of outfall(s) substantially identical to outfall in 3.A. (if applicable)] Reference attachment if additional space needed to complete the table.

⊗EP A	\	UNITED STATES ENV WASI MSGP INDUSTRIAL DISCI	HINGTON, DC 2046	0			Form Appro	oved. OMB No. 2040-0004	
E. Monitoring Informa	tion						Note: Ma	ake additional copies of this	form as necessary.
Permit Tracking Num	ber:								
Nature of Discharge:	Rainfall (Complete line it	ems 2.a., 2.b., & 2.c.)	elt						
2.a. Duration of the rain	fall event (hours):	2.b. Rainfall amount (inches)	: [] .	2.c. Time s	since previous m	neasurable	e storm event (days):		
3.a. Outfall Name	3.b. Monitoring Type (QBM, ELG, S/T, I, O)*	3.c. Parameter	3.d. Quality or Concentration	3.e. Units	3.f. Results De	escription	3.g. Collection Date	3.h. Exceedance due to natural background pollutant levels	3.i. No further pollutan reductions achievable
* (QBM) - Quarterly ber	nchmark monitoring; (ELG) - A	Annual effluent limitations guidelines	monitoring; (S/T) - S	tate- or Tribal	I-specific monito	ring; (I) - I	mpaired waters monitoring	; (O) -Other monitoring as req	uired by EPA
Comment and/or Exp.	olanation of Any Violations (R	eference all attachments here)							
F. Certification									
Hector M. Avila		I certify under penalty of law that the under my direction or supervision in that qualified personnel properly gas Based on my inquiry of the person persons directly responsible for gall is, to the best of my knowledge and	n accordance with a sathered and evaluated or persons who manathering the information belief, true, accurate	system design the informating age the system, the information, and complete, and complete	ned to assure tion submitted. em, or those ation submitted ete. I am aware				
	e/Title of Principal Executive Authorized Agent	that there are significant penalties possibility of fine and imprisonmen			cluding the	Signa	ature of Principal Executive	Officer or Authorized Agent	Date
Email of Principal Execu	utive Officer or Authorized Ag	ent: hector.av	i I a@a e s	. com					

Instructions for Completing the MSGP Industrial Discharge Monitoring Report (MDMR)

Who Must Submit A Discharge Monitoring Report to EPA?

Facilities covered under the Multi-Sector General Permit (MSGP or permit) that are required to monitor pursuant to Parts 6.2, 6.3, and 8 of the permit must submit the MSGP Discharge Monitoring Report (MDMR) consistent with the reporting requirements specified in Part 7.1 of the permit.

Where to File the MDMR Form

Monitoring data collected pursuant to Parts 6.2, 6.3, and 8 of the permit must be submitted electronically via EPA's Electronic Notice of Intent System (eNOI), which can be found at www.epa.gov/npdes/enoi. Filing electronically will allow permittees to easily submit the results of monitoring data to EPA. If you cannot access eNOI, monitoring results must be reported on the paper MDMR form and sent to one of the following addresses:

Via U.S. mail:

U.S. Environmental Protection Agency Office of Water, Water Permits Division Mail Code 4203M, ATTN: MSGP Reports 1200 Pennsylvania Avenue, NW Washington, D.C. 20460

Via Overnight/Express Delivery:

U.S. Environmental Protection Agency Office of Water, Water Permits Division Room 7420, ATTN: MSGP Reports 1201 Constitution Avenue, NW Washington, D.C. 20004

Phone number: 202-564-9545

Completing the MDMR Form

To complete this form, type or print in uppercase letters in the appropriate areas only. Be sure that you complete all applicable questions. Photocopy your MDMR form for your records before you send the completed original form to the appropriate address above. Use ink when you sign and mail the original document – EPA will not accept photocopies. You may also use this paper form as a checklist for the information you will need when submitting a MDMR electronically via EPA's eNOI system.

Reasons for Submission

Indicate your reason(s) for submitting this MDMR by checking all boxes that apply. The reasons for submission are defined as follows:

- Submitting monitoring data: For each storm sampled, submit one MDMR form with data for all outfalls sampled. Select this reason even if you only have monitoring data for some of your outfalls (i.e., some outfalls did not discharge). If you select this reason you are required to complete all Sections of the form.
- Reporting no discharge for all outfalls for this monitoring period: Indicates
 that there were no discharges from all outfalls during this monitoring
 period. If you select this reason you are only required to complete
 Sections A, B, C.1, D, and F.
- Reporting that your site status has changed to inactive and unstaffed: Indicates that your facility is currently inactive and unstaffed (See Part 6.2.1.3 of the permit for more information). If you select this reason you are only required to complete Sections A, B, and F and include date of status change in the comment field in Section E.4.
- Reporting that you site status has changed from inactive to active:
 Indicates that your facility is currently active (See Part 6.2.1.3 of the permit for more information). If you select this reason you are required to complete all Sections of the form and include date of status change in the comment field in Section E.4.
- Reporting that no further reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the permit. Indicates that your facility has determined that no further pollutant reductions are technologically and economically practicable in light of best industry practice to meet the technology-based effluent limits or are necessary to meet the water-quality-based effluent limitations in Parts 2 of the permit (See Part 6.2.1.2 of the permit for more information). If you select this reason you are required to complete Sections A, B and F. However, if you can make this finding for some outfalls and pollutants, but not for others, you cannot select this reason; you will instead be able to identify which outfalls and which pollutants you can make this finding for in Section E.

Section A. Permit Tracking Number

Enter the National Pollutant Discharge Elimination System (NPDES) tracking number assigned by EPA's Stormwater Notice Processing Center to the facility. If you do not know the tracking number, you can find the tracking number assigned to your facility on EPA's Notice of Intent (NOI) Search website (www.epa.gov/npdes/noisearch).

Section B. Facility Information

- Enter the facility's official or legal name. Unless the name of your facility has changed, please use the same name provided on your NOI. You can use EPA's NOI Search website (www.epa.gov/npdes/noisearch) to view your NOI.
- 2.a-d. Enter the street address, including city, state, and zip code of the actual physical location of the facility. Do not use a P.O. Box.
- 3. (Optional) Identify the name, telephone number, and email address of the person who will serve as a contact for EPA on issues related to monitoring at your facility. This person should be able to answer questions related to stormwater discharges and monitoring or have immediate access to individuals with that knowledge. This person does not have to be the facility operator, but should have intimate knowledge of monitoring activities at the facility.
- 4. If the form was prepared by someone other than the person who is signing the certification statement in Section F (for example, if the MDMR was prepared by a member of the facility's stormwater pollution prevention team or a consultant for the certifier's signature), include the name, organization, phone number and email address of the MDMR preparer.

Section C. Discharge Information

- 1. Indicate the appropriate monitoring period (Quarter 1, 2, 3, or 4) covered by the MDMR. "Alternative" monitoring periods can apply to facilities located in arid and semi-arid climates, or in areas subject to snow or prolonged freezing. To use alternative monitoring periods, you must provide a revised monitoring schedule here in the first monitoring report submitted and indicate for which alternative monitoring period you are reporting monitoring data. If using alternative monitoring periods, identify the first day of the monitoring period through the last day of the monitoring period for each of the four periods. The dates should be displayed as month (Mo) / day (Day). See Parts 6.1.6 and 6.1.7 of the permit for more information.
- If you are submitting benchmark monitoring data, identify if your facility is required to collect benchmark samples for one or more hardness-dependent metals (i.e., cadmium, copper, lead, nickel, silver, and zinc). If you select "yes" to this question you must also complete Question 2.a. and if you select "no" to this question you may skip to Section D.
- 2.a. If you selected "yes" for Question 2 under Section C, then you are required to submit to EPA with your first benchmark report a hardness level, established consistent with the procedures in Appendix J of the permit, which is representative of your receiving water. If your outfalls discharge to more than one receiving water, as reported in your NOI form, you should report hardness for the receiving water with the lowest hardness values. Hardness values must be reported in milligrams per liter (mg/L).

Section D. Outfall Information

- Enter the total number of outfalls identified in your stormwater pollution prevention plan (SWPPP). Outfalls are locations where stormwater exits the facility, including pipes, ditches, swales, and other structures used to remove stormwater from the facility.
- Indicate if your facility has two or more outfalls that you believe discharge substantially identical effluents (i.e., stormwater), based on the similarities of the general industrial activities and control measures, exposed materials that may significantly contribute pollutants to stormwater, and runoff coefficients of their drainage areas. See Parts 5.1.5.2 and 6.1.1 of the permit for more information on substantially identical outfalls.
- 2.a. If you selected "yes" for Question 2 under Section D, then you must list the outfall name(s) in Column 3.B. that you expect to be substantially identical to the corresponding outfall in Column 3.A.
- 3.A. Monitored Outfall Name: List name(s) of outfall(s) you are required to monitor in Column 3.A.
- 3.B. Substantially Identical Outfalls: List name(s) of outfall(s) substantially identical to "Monitored Outfall" in Column 3.A. (if applicable)].
- 3.C No Discharge: Check box if you are reporting "No Discharge" for the monitored outfall for the reporting period identified in Section C.1.

Example:

3.A Monitored Outfall	3.B. Substantially Identical Outfall	3.C. No
Name		Discharge
Outfall A	Outfall B; Outfall C	
Outfall D		

Reference attachment if additional space is needed to complete the Table Section D.

Section E. Monitoring Information

- Enter the NPDES tracking number assigned by EPA's Stormwater Notice Processing Center to the facility reported in Section A.
- 2. For the reported monitoring event indicate whether the discharge was from a rainfall or snowmelt event. If you select "rainfall" then indicate the duration (in hours) of the rainfall event, rainfall total (in inches) for that rainfall event, and time (in days) since the previous measurable storm event in line items 2.a-c. For both rainfall and snowmelt monitoring, you must identify the date of collection for the monitoring event in column 3.g. of the table. If the discharge occurs during a period of both rainfall and snowmelt, check both the rainfall and snowmelt boxes and report the appropriate rainfall information in item 2.a-c. To report multiple monitoring events in the same reporting period, copy Page 2 of this Form and enter each monitoring event separately with data for all outfalls sampled.

For each pollutant monitored at an outfall, you must complete one row in the Table as follows:

- Outfall Name: Provide the outfall name for which you monitored (e.g., Outfall 1, Outfall 2, Outfall 3).
- 3.b. Monitoring Type: Provide the type of monitoring using the specified codes, in parentheses, below:
 - (QBM) Quarterly benchmark monitoring
 - (ELG) Annual effluent limitations guidelines monitoring;
 - (S/T) State- or Tribal-specific monitoring;
 - (I) Impaired waters monitoring; or
 - (O) Other monitoring as required by EPA.
- 3.c. Parameter(s): Enter each "Parameter" (or "pollutant") monitored. For QBM and ELG monitoring, use the same parameter name as in Part 8 of the permit.
- 3.d. Quality or Concentration: Enter sample measurement value for each parameter analyzed and required to be reported. Enter "ND" (i.e., not detected) for any sample results below the method detection limit or "BQL" (i.e., below quantitation limit) for sample results above the detection limit but below the quantitation limit.
- 3.e. Units: Enter the units for sample measurement values (i.e., "mg/L" for milligrams per liter) for each parameter analyzed and required to be reported. For monitoring results reported as ND or BQL this space will be left blank and the units will be reported in Column 3.f.
- 3.f. Results Description: This section must be completed for any monitoring results reported as ND or BQL in the "Quality or Concentration" column. For ND, report the laboratory detection level and units in this column. For BQL, report the laboratory quantitation limit and units in this column.
- Collection Date: Identify the sampling date for each parameter monitoring result reported on this form.
- 3.h. Exceedance due to natural background pollutant levels: Check box if following the first 4 quarters of benchmark monitoring (or sooner if the exceedance is triggered by less than 4 quarters of data) you have determined that the exceedance of the benchmark is attributable solely to the presence of that pollutant in the natural background for that outfall and any substantially identical outfalls. See Part 6.2.4.2 of the permit for more information. Attach supporting rationale for your determination to the submitted MDMR and reference attachment in Section E.4.
- 3.i. No further pollutant reductions achievable: Check box if after collection of 4 quarterly samples (or sooner if the exceedance is triggered by less than 4 quarters of data), the average of the 4 monitoring values for any parameter exceeds the benchmark and you have made the determination that no further pollutant reductions are technologically available and economically practicable and achievable in light of best industry practice to meet the technology-based

- effluent limits or are necessary to meet the water-quality-based effluent limitations in Parts 2 of the permit (See Part 6.2.1. of the permit for more information) for that outfall and any substantially identical outfalls. Attach supporting rationale for your determination to the submitted MDMR and reference attachment in Section E.4.
- 4. Where violations of the permit requirements are reported, include a brief explanation to describe the cause and corrective actions taken, and reference each violation by date. Also, this section should include any additional comments such as are required when changing site status from inactive and unstaffed to active or vice versa. Attach additional pages if you need more space.

Attach additional copies of Section E as necessary to address all outfalls and parameters.

Section F. Certification

Enter "Name/Title of Principal Executive Officer or Authorized Agent," "Date" form was signed and email of the "Principal Executive Officer or Authorized Agent," "Date" form was signed and email of the "Principal Executive Officer or Authorized Agent." If you submit multiple pages of Section E monitoring data, each page must be appropriately signed and certified as described below.

Certification statement and signature (see Section B.11 in Appendix B of the permit for more information). Federal statutes provide for severe penalties for submitting false information on this reporting form. Federal regulations require this form to be signed by one of the following individuals, or a duly authorized representative of that person, as follows:

For a corporation: by a responsible corporate officer, which means:

- (i) president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation, or
- (ii) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;

For a partnership or sole proprietorship: by a general partner or the proprietor; or For a municipal, State, Federal, or other public facility: by either a principal executive or ranking elected official.

Paperwork Reduction Act Notice

Public reporting burden for this certification is estimated to average 7.25 hours per response plus an additional 2 hours for respondents required to gather hardness data, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding the burden estimate, any other aspect of the collection of information, or suggestions for improving this form, including any suggestions which may increase or reduce this burden to: Director, Office of Environmental Information Services, Collection Services Division (2823), USEPA, 1200 Pennsylvania Avenue, NW, Washington, DC 20460. Include the OMB control number of this form on any correspondence. Do not send the completed MDMR form to this address.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Form Approved.

3 Et	WASHINGTON, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (MDMR)	OMB No. 2040-0004							
Reason(s) for Sub	ubmission (Check all that apply)								
Reporting no confidence of the	contoring data (Fill in all Sections). discharge for all outfalls for this monitoring period (Fill in Sections A, B, C 1, D, and F). at your site status has changed to inactive and unstaffed (Fill in Sections A, B, F and include date of status change in comment field in at your site status has change in active (Fill in all Sections and include date of status change in comment field in Section E 4). at no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B.								
A. Permit Trackir	ing Number: PRR05BL65 Note: Read instructions	before completing this Form.							
B. Facility Inform									
1. Facility Name:	ALEIS PUERTO RICO								
2. Facility Location									
a. Street:	PR-03 KM 142.0 BO.JOBOS								
b. City:	GUAYAMA C. State: PR d. Zip Code:	00785							
3. Additional Facili	dity Information (Optional).								
Contact Name:	MANUEL MATA Eme manuel matagaes	s.com							
Phone:	787-866-8117 Ext 2219								
	rer (Complete if MDMR was prepared by someone other than the person signing the certification in Section F)								
Prepared by:	HECTOR M AVILA								
Organization:	ALES PUERTO RICO	}							
Email:	hector lavilla@aes.com								
Phone:	787-866-8117 Ext. 2266								
C. Discharge Info	omation								
1. Identify moniton	ring period: Check here if proposing atternative monitoring periods due to irregular stormwater runoff. Identification indicate for which afternative monitoring period you are reporting monitoring data								
Quarter 1 (Ap	pril 1 – June 30) Querter 1: From // To //								
Quarter 2 (Ju	uly 1 ~ September 30)								
Quarter 3 (Oc	October 1 – December 31) Quarter 3: From // To //								
Quarter 4 (Ja	Quarter 4 (January 1 – March 31) Quarter 4 From 1 To 1 To 1								
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc? 🗹 Yes (Complete ine item 2 a) 🗌 No (Skip to Section D)									
2a. What is the hardness level of the receiving water? 6800 mg/L									
D. Outfall Informa	ation								
1. How many outfa	fall(s) are identified in your SWPPP? 03 List name of outfall(s) required to be monitored in table below.								
2. Do any of your o	outfells discharge substantially identical effluents? YES NO								
2.a. If yes, for each	ch monitored outfall, indicate outfall names that are substantially identical in table below								
3.A. Monitored Out	utfall Name* 3 B Substantially Identical Outfalls [List name(s) of outfall(s) substantially Identical to outfall in 3 A (if applicable)]	3.C. No Discharge?							
	50-44575-04								
NAME OF TAXABLE PARTY O									
*Reference attach	hment if additional space needed to complete the table								

&EPA		UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (S ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 SISCHARGE MONITORING REPORT (MDMR)	ECTION AGE	NCY RT (MDMR)	Form Approv	Form Approved. OMB No. 2040-0004	
E. Monitoring Information	pou					Note: Mak	Note: Make additional copies of this form as necessary.	form as necessary.
1. Permit Tracking Number:	ber: PRROSBL65	[6 5]						
2. Nature of Discharge:	2. Nature of Discharge: [7] Rainfall (Complete line items 2.a., 2.b., & 2.c.)	items 2.a., 2.b., & 2.c.) Snowmelt	10					
2.a. Duration of the rainfall event (hours):	fall event (hours): 0 1	2.b. Rainfall amount (inches):	00 4	2.c. Time s	ince previous measurable	2.c. Time since previous measurable storm event (days): 0006	96	
3.a. Outfall Name	3.b. Monitoring Type (QBM, ELG, S/T, I, O)*	3.c. Parameter	3.d. Quality or Concentration	3.e. Units	3.f. Results Description	3.g. Collection Date	3.h. Exceedance due to natural background pollutant levels	3.i. No further pollutant reductions achievable?
002	QMB	Aluminum	1.63	mg/L		04/02/14	0	
002	QMB	Iron	1.52	mg/L		04/02/14	0	
002	QMB	Lead	0.010	mg/L		04/02/14	0	0
002	QMB	Zinc	0.014	mg/L		04/02/14	0	
9004	QMB	Aluminum	7.20	mg/L		04/02/14		
9004	OMB	Iron	7.25	mg/L		04/02/14		
004	QMB	Lead	0.026	mg/L		04/02/14		And the second second section and the second
904	QMB	Zinc	0.439	mg/L		04/02/14	0	0
• (QBM) - Quarterly ben	chmark monitoring; (ELG) -,	(QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines	monitoring; (S/T) - St	ate- or Tribal-	specific monitoring; (I) - Ir	mpaired waters monitoring;	nes monitoring; (S/T) - State- or Tribal-specific monitoring; (I) - Impaired waters monitoring; (O) -Other monitoring as required by	uired by EPA
4. Comment and/or Exp.	lanation of Any Violations (F	4. Comment and/or Explanation of Any Violations (Reference all attachments here)						
F. Certification								
Hector M. Avila		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted Based on my inquiry of the person or who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware	is document and all a naccordance with a succordance with a sufficient and evaluated or persons who mans hering the information belief, true, accurate	ttachments was the information of the information of the system of the information of the	rere prepared ted to assure too submitted. In or those tion submitted to the same aware.	and a		3/17/2010
Typed or Printed Name Officer or A	Typed or Printed Name/Title of Principal Executive Officer or Authorized Agent		or submitting false in for knowing violation	formation, inc		Signature of Principal Executive Officer or Authorized Agent	Officer or Authorized Agent	Date
Email of Principal Execu	Email of Principal Executive Officer or Authorized Agent:	hectoria	v i a@a e s	. com				

Instructions for Completing the MSGP Industrial Discharge Monitoring Report (MDMR)

Who Must Submit A Discharge Monitoring Report to EPA?

Facilities covered under the Multi-Sector General Permit (MSGP or permit) that are required to monitor pursuant to Parts 6.2, 6.3, and 8 of the permit must submit the MSGP Discharge Monitoring Report (MDMR) consistent with the reporting requirements specified in Part 7.1 of the permit

Where to File the MDMR Form

Monitoring data collected pursuant to Parts 6 2, 6 3, and 8 of the permit must be submitted electronicatly via EPA's Electronic Notice of Intent System (eNOi), which can be found at www.epa.gov/npdes/eno. Fiting electronicatly will allow permittees to easily submit the results of monitoring data to EPA. If you cannot access eNOI, monitoring results must be reported on the paper MDMR form and sent to one of the following addresses:

Via U.S. mail:

U.S. Environmental Protection Agency Office of Water, Water Permits Division Mail Code 4203M, ATTN: MSGP Reports 1200 Pennsylvania Avenue, NW Washington, D.C. 20460

Via Overnight/Express Delivery

U.S. Environmental Protection Agency Office of Water, Water Permits Division Room 7420, ATTN. MSGP Reports 1101 Constitution Avenue, NW Washington. D.C. 20004 Phone number 202:564-9545

Completing the MDMR Form

To complete this form, type or print in uppercase letters in the appropriate areas only. Be sure that you complete all applicable questions. Photocopy your MDMR form for your records before you send the completed original form to the appropriate address above. Use ink when you sign and mail the original document – EPA will not accept photocopies. You may also use this paper form as a checklist for the information you will need when submitting a MDMR electronically via EPA's eNOI system.

Reasons for Submission

Indicate your reason(s) for submitting this MDMR by checking all boxes that apply. The reasons for submission are defined as follows.

- Submitting monitoring data: For each storm sampled, submit one MDMR form with data for all outfalls sampled. Select this reason even if you only have monitoring data for some of your outfalls (i.e., some outfalls did not discharge). If you select this reason you are required to complete all Sections of the form.
- Reporting no discharge for all outfalls for this monitoring period. Indicates
 that there were no discharges from all outfalls during this monitoring
 period. If you select this reason you are only required to complete
 Sections A, B, C 1, D, and F.
- Reporting that your site status has changed to inactive and unstaffed indicates that your facility is currently inactive and unstaffed (See Part 6.2.1.3 of the permit for more information). If you select this reason you are only required to complete Sections A, B, and F and include date of status change in the comment field in Section E.4.
- Reporting that you site status has changed from inactive to active indicates that your facility is currently active (See Part 6.2.1.3 of the permit for more information). If you select this reason you are required to complete all Sections of the form and include date of status change in the comment field in Section E.4.
- Reporting that no further reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the permit. Indicates that your facility has determined that no further pollutant reductions are technologically and economically practicable in light of best industry practice to meet the technology-based effluent limits or are necessary to meet the waterquality-based effluent limitations in Parts 2 of the permit (See Part 6.2.1.2 of the permit for more information). If you select this reason you are required to complete Sections A, B and F. However if you can make this linding for some outfalls and pollutants, but not for others, you cannot select this reason, you will instead be able to identify which outfalls and which pollutants you can make this finding for in Section E.

Section A. Permit Tracking Number

Enter the National Pollutant Discharge Elimination System (NPDES) tracking number assigned by EPA's Stormwater Notice Processing Center to the facility. If you do not know the tracking number, you can find the tracking number assigned to your facility on EPA's Notice of Intent (NOI) Search website

(www.epa.gov/npdes/noisearch)

Section B. Facility Information

- Enter the facility's official or legal name. Unless the name of your faculty has changed, please use the same name provided on your NOI. You can use EPA's NOI Search website (www.epa.gov/npdes/housearch) to view your NOI.
- 2 a-d Enter the street address, including city, state, and zip code of the actual physical location of the facility, Do not use a P.O. Box.
- (Optional) Identify the name, telephone number, and email address of the
 person who will serve as a contact for EPA on issues related to monitoring at
 your facility. This person should be able to answer questions related to
 stormwater discharges and monitoring or have immediate access to individuals
 with that knowledge. This person does not have to be the facility operator, but
 should have intimate knowledge of monitoring activities at the facility.
- 4 If the form was prepared by someone other than the person who is signing the certification statement in Section F (for example, if the MDMR was prepared by a member of the facility's stormwater pollution prevention team or a consultant for the certifier's signature), include the name, organization, phone number and email address of the MDMR preparer.

Section C. Discharge Information

- Indicate the appropriate monitoring period (Quarter 1, 2, 3, or 4) covered by the MDMR. "Alternative" monitoring periods can apply to facilities located in and and semi-arid drimates, or in areas subject to snow or protonged freezing. To use alternative monitoring periods, you must provide a revised monitoring schedule here in the first monitoring report submitted and indicate for which alternative monitoring period you are reporting monitoring data. If using alternative monitoring period so, identify the first day of the monitoring period through the last day of the monitoring period for each of the four periods. The dates should be displayed as month (Mo) / day (Day). See Parts 6.1 6 and 6.1.7 of the permit for more information.
- 2 If you are submitting benchmark monitoring data, identify if your facility is required to collect benchmark samples for one or more hardness-dependent metals (i.e., cadmium, copper, lead, nickel, silver, and zinc). If you select "yes" to this question you must also complete Question 2.a. and if you select "no" to this question you may skip to Section D.
- 2.a If you selected "yes" for Question 2 under Section C, then you are required to submit to EPA with your first benchmark report a hardness level, established consistent with the procedures in Appendix J of the permit, which is representative of your receiving water. If your outfalls discharge to more than one receiving water as reported in your NOI form, you should report hardness for the receiving water with the lowest hardness values. Hardness values must be reported in milligrams per liter (mg/L).

Section D. Outfall information

- 1 Enter the total number of outfalls identified in your stormwater pollution prevention plan (SWPPP). Outfalls are locations where stormwater exits the facility, including pipes, ditches, swales, and other structures used to remove stormwater from the facility.
- 2 Indicate if your facility has two or more outfalls that you believe discharge substantially identical effluents (i.e., stormwater), based on the similarities of the general industrial activities and control measures, exposed materials that may significantly contribute pollutants to stormwater, and runoff coefficients of their drainage areas. See Parts 5.1.5.2 and 6.1.1 of the permit for more information on substantially identical outfalls.
- 2 a If you selected "yes" for Question 2 under Section D, then you must test the outfall name(s) in Column 3.B. that you expect to be substantially identical to the corresponding outfall in Column 3.A.
- 3 A. Monitored Outfall Name List name(s) of outfall(s) you are required to monitor in Column 3 A.
- 3.B Substantially Identical Outfalls: List name(s) of outfall(s) substantially identical to "Monitored Outfall" in Column 3.A (if applicable))
- 3 C No Discharge Check box if you are reporting "No Discharge" for the monitored outfall for the reporting period identified in Section C 1.

Example:

3.A Monitored Outfall	3.B. Substantially Identical Outfall	3.C. No
Name		Discharge
Outfall A	Outfail 8; Outfall C	
Outfall D		l 🔯

Reference attachment if additional space is needed to complete the Table Section D

Section E. Monitoring Information

- Enter the NPDES tracking number assigned by EPA's Stormwater Notice Processing Center to the facility reported in Section A.
- 2. For the reported monitoring event indicate whether the discharge was from a rainfall or snowmelt event. If you select "rainfall" then indicate the duration (in hours) of the rainfall event, rainfall total (in inches) for that rainfall event, and time (in days) since the previous measurable storm event in line items 2.a-c. For both rainfall and snowmelt monitoring, you must identify the date of collection for the monitoring event in column 3.g. of the table. If the discharge occurs during a period of both rainfall and snowmelt, check both the rainfall and snowmelt boxes and report the appropriate rainfall information in item 2.a-c. To report multiple monitoring events in the same reporting period, copy Page 2 of this Form and enter each monitoring event separately with data for all outfalls sampled.

For each pollutant monitored at an outfall, you must complete one row in the Table as follows:

- Outfall Name: Provide the outfall name for which you monitored (e.g., Outfall 1, Outfall 2, Outfall 3).
- 3 b. Monitoring Type: Provide the type of monitoring using the specified codes, in parentheses, below:
 - · (QBM) Quarterly benchmark monitoring
 - . (ELG) Annual effluent limitations guidelines monitoring;
 - . (S/T) State- or Tribal-specific monitoring;
 - · (I) Impaired waters monitoring; or
 - . (0) Other monitoring as required by EPA.
- 3.c. Parameter(s): Enter each "Parameter" (or "pollutant") monitored. For QBM and ELG monitoring, use the same parameter name as in Part 8 of the permit.
- 3.d. Quality or Concentration: Enter sample measurement value for each parameter analyzed and required to be reported. Enter "ND" (i.e., not detected) for any sample results below the method detection limit or "BQL" (i.e., below quantitation limit) for sample results above the detection limit but below the quantitation limit.
- 3.e Units: Enter the units for sample measurement values (i.e., "mg/L" for milligrams per liter) for each parameter analyzed and required to be reported. For monitoring results reported as ND or BQL this space will be left blank and the units will be reported in Column 3.f.
- 3.f. Results Description: This section must be completed for any monitoring results reported as ND or BQL in the "Quality or Concentration" column. For ND, report the laboratory detection level and units in this column. For BQL, report the laboratory quantitation limit and units in this column.
- Collection Date: Identify the sampling date for each parameter monitoring result reported on this form.
- 3 h. Exceedence due to natural background pollutant levels: Check box if following the first 4 quarters of benchmark monitoring (or sooner if the exceedance is triggered by tess than 4 quarters of data) you have determined that the exceedance of the benchmark is attributable solely to the presence of that pollutant in the natural background for that outfall and any substantially identical outfalls. See Part 6.2.4.2 of the permit for more information. Attach supporting rationale for your determination to the submitted MDMR and reference attachment in Section E.4.
- 3.i. No further pollutant reductions achievable: Check box if after collection of 4 quarterly samples (or sooner if the exceedance is triggered by less than 4 quarters of data), the average of the 4 monitoring values for any parameter exceeds the benchmark and you have made the determination that no further pollutant reductions are technologically available and economically practicable and achievable in light of best industry practice to meet the technology-based

- effluent limits or are necessary to meet the water-quality-based effluent limitations in Parts 2 of the permit (See Part 6.2.1. of the permit for more information) for that outfall and any substantially identical outfalls. Attach supporting rationale for your determination to the submitted MDMR and reference attachment in Section E. 4.
- 4. Where violations of the permit requirements are reported, include a brief explanation to describe the cause and corrective actions taken, and reference each violation by date. Also, this section should include any additional comments such as are required when changing site status from inactive and unstaffed to active or vice versa. Attach additional pages if you need more space.

Attach additional copies of Section E as necessary to address all outfalls and parameters.

Section F. Certification

Enter "Name/Title of Principal Executive Officer or Authorized Agent" with
"Signature of Principal Executive Officer or Authorized Agent," "Date" form was signed
and email of the "Principal Executive Officer or Authorized Agent." If you submit
multiple pages of Section E monitoring data, each page must be appropriately signed
and cartified as described below.

Certification statement and signature (see Section B.11 in Appendix B of the permit for more information). Federal statutes provide for severe penalties for submitting fatse information on this reporting form. Federal regulations require this form to be signed by one of the following individuals, or a duly authorized representative of that person, as follows:

For a corporation: by a responsible corporate officer, which means:

- (i) president, secretary, **reasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation, or
- (ii) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;

For a pertnership or sole proprietorship: by a general partner or the proprietor; or For a municipal, State, Federal, or other public facility: by either a principal executive or ranking elected official.

Paperwork Reduction Act Notice

Public reporting burden for this certification is estimated to average 7.25 hours per response plus an additional 2 hours for respondents required to gather hardness data, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding the burden estimate, any other aspect of the collection of information, or suggestions for improving this form, including any suggestions which may increase or reduce this burden to: Director, Office of Environmental Information Services, Collection Services Division (2823), USEPA, 1200 Pennsylvania Avenue, NW, Washington, DC 20460. Include the OMB control number of this form on any correspondence. Do not send the completed MDMR form

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United States Environmental Protection Agency Form Approved. OMB No. 2040-0004 WASHINGTON, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (MDMR) Reason(s) for Submission (Check all that apply): Submitting monitoring data (Fill in all Sections). Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C.1, D, and F). Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, F and include date of status change in comment field in Section E.4) Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section E.4). Reporting that no further pollutant reductions are achievable for all outifials and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B and F). A. Permit Tracking Number: PRR05BL65 Note: Read instructions before completing this Form B. Facility Information 1. Facility Name: AES PUERTO RICO 2. Facility Location PR-03 KM 142.0 BO.JOBOS a. Street: c State PR d. Zip Code: 00785b. City: GUAYAMA 3. Additional Facility Information (Optional) MANUEL MATA Email manuell. mait a@ales..com Contact Name 787-866-8117 Phone: 4. MDMR Preparer (Complete if MDMR was prepared by someone other than the person signing the certification in Section F) HECTOR M AVIILA | | | | Prepared by: Alels Pulerto Rico | | | | | | Organization: hector avilla@aes.com 787-866-8117 Ext. 2266 Phone: C. Discharge information Check here if proposing atternative monitoring periods due to irregular stormwater runoff. Identify atternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data: 1. Identify monitoring period Quarter 1: From | | / | | To | | / | Quarter 1 (April 1 - June 30) Quarter 2 (July 1 - September 30) ☑ Quarter 2: From 04/01 To 06/30 Quarter 3 (October 1 - December 31) Quarter 3: From // Quarter 4: From // To // Quarter 4 (January 1 - March 31) 2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc? 🗹 Yes (Complete line item 2 a) 🔲 No (Skip to Section D) 2a. What is the hardness level of the receiving water? | 6 8 0 0 mg/L 1. How many outfall(s) are identified in your SWPPP? 03 List name of outfall(s) required to be monitored in table below. 2. Do any of your outfalls discharge substantially identical effluents? YES V NO 2.a. if yes, for each monitored outfall, indicate outfall names that are substantially identical in table below. 3.8. Substantially Identical Outfalls (List name(s) of outfall(s) substantially identical to outfall in 3 A (if applicable)] 3.C. No Discharge?

Reference attachment if additional space needed to complete the table



(%) (%)		UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (MDMR)	S ENVIRONMENTAL PROTE WASHINGTON, DC 20460 MSCHARGE MONITORI	ECTION AGE NG REPOI	NCY RT (MDMR)	Form Approv	Form Approved. OMB No. 2040-0004	
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3 a. Outfall Name	3 b Montoning Type (QBM ELG S/T I O)*	3 c Parameter	3 d. Quality or Concentration	3 e. Units	3 f Results Description	3 g Collection Date	3 h Exceedance due to natural background pollutant levels	3 : No further pollutant reductions achievable?
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003	OMB	Zinc	0.057	mg/L		04/09/14		
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Hector M. Avila		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that quefified personnel property gathered and evaluated the information submitted Based on my inquiry of the person or persons who manage the system, or those persons drectly responsible for gathering the information, the information submitted is, to the bast of my knowledge and belief, true, accurate, and complete.	document and all at accordance with a sy rened and evaluated i persons who managaring the information, seled, true, accurate,	tachments was medical the information of the system of the system of the information and complete and complete the information of the information	ere prepared ad to assure non submitted in, or those icn submitted b. I am aware	The state of the s		Suferfi
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Instructions for Completing the MSGP Industrial Discharge Monitoring Report (MDMR)

Who Must Submit A Discharge Monitoring Report to EPA?

Facilities covered under the Multi-Sector General Permit (MSGP or permit) that are required to monitor pursuant to Parts 6.2, 6.3, and 8 of the permit must submit the MSGP Discharge Monitoring Report (MDMR) consistent with the reporting requirements specified in Part 7.1 of the permit

Where to File the MDMR Form

Monitoring data collected pursuant to Parts 6.2, 6.3, and 8 of the permit must be submitted electronically via EPA's Electronic Notice of Intent System (eNOI), which can be found at www.epa.gov/mpdes/enoi Fiting electronically will allow permittees to easily submit the results of monitoring data to EPA. If you cannot access eNOI, monitoring results must be reported on the paper MDMR form and sent to one of the following addresses:

Via U.S mail

U.S. Environmental Protection Agency Office of Water, Water Permits Division Mail Code 4203M, ATTN MSGP Reports 1200 Pennsylvan a Avenue, NW Washington D.C. 20460

Via Overnight/Express Delivery

U.S. Environmental Protection Agency Office of Water, Water Permits Division Room 7420 ATTN MSGP Reports 1201 Constitution Avenue. NW Washington. D.C. 20004 Phone number: 202-564 9545

Completing the MDMR Form

To complete this form, type or print in uppercase letters in the appropriate areas only. Be sure that you complete all applicable questions. Photocopy your MDMR form for your records before you send the completed original form to the appropriate address above. Use ink when you sign and mail the original document – EPA will not accept photocopies. You may also use this paper form as a checkfist for the information you will need when submitting a MDMR electronically via EPA's eNO system.

Reasons for Submission

Indicate your reason(s) for submitting this MDMR by checking all boxes that apply. The reasons for submission are defined as follows:

- Submitting monitoring data: For each storm sampled, submit one MDMR form with data for all outlates sampled. Select this reason even if you only have monitoring data for some of your outlates (i.e., some outlates did not discharge). If you select this reason you are required to complete all Sections of the form.
- Reporting no discharge for all outfalls for this monitoring period* Indicates
 that there were no discharges from all outfalls during this monitoring
 period. If you select this reason you are only required to complete
 Sections A. B. C.1. D. and F.
- Reporting that your site status has changed to inactive and unstaffed Indicates that your facility is currently inactive and unstaffed (See Part 6.2.1.3 of the permit for more information). If you select this reason you are only required to complete Sections A, B, and F and include date of status change in the comment field in Section E.4.
- Reporting that you site status has changed from inactive to active indicates that your facility is currently active (See Part 6.2.1.3 of the permit for more information). If you select this reason you are required to complete all Sections of the form and include date of status change in the comment field in Section E.4.
- Reporting that no further reductions are achievable for all outfalls and for all polititants via Part 6.2.1.2 of the permit Indicates that your facility has determined that no further pollulant reductions are technologically and economically practicable in light of best industry practice to meet the technology-based effluent limits or are necessary to meet the water-quality-based effluent limitations in Parts 2 of the permit (See Part 6.2.1.2 of the permit for more information). If you select this reason you are required to complete Sections A, B and F. However, if you can make this finding for some outfalls and pollutants, but not for others you cannot select this reason, you will instead be able to identify which outfalls and which pollutants you can make this finding for in Section E.

Section A. Permit Tracking Number

Enter the National Pollutant Discharge Elimination System (NPDES) tracking number assigned by EPA's Stormwater Notice Processing Center to the facility. If you do not know the tracking number, you can find the tracking number assigned to your facility on EPA's Notice of Intent (NOI) Search website (www.epa.gov/inpdes/noisearch)

Section B. Facility Information

- Enter the facility's official or legal name. Unless the name of your facility has changed, please use the same name provided on your NOI. You can use EPA's NOI Search website (www.epa.gov/hpdes/nossarch) to view your NOI.
- 2 a-d Enter the street address, including city, state, and zip code of the actual physical location of the facility. Do not use a P.O. Box.
- 3. (Opbonal) Identify the name, telephone number, and email address of the person who will serve as a contact for EPA on issues related to monitoring at your facility. This person should be able to answer questions related to stormwater discharges and monitoring or have immediate access to individuals with that knowledge. This person does not have to be the facility operator, but should have intimate knowledge of monitoring activities at the facility.
- 4. If the form was prepared by someone other than the person who is signing the certification statement in Section F (for example, if the MDMR was prepared by a member of the facility's stormwater pollution prevention team or a consultant for the certifier's signature), include the name, organization, phone number and email address of the MDMR preparer.

Section C. Discharge Information

- 1. Indicate the appropriate monitoring period (Quarter 1, 2, 3, or 4) covered by the MDMR. "Alternative" monitoring periods can apply to facilities located in arid and semi-and climates, or in areas subject to snow or prolonged freezing. To use alternative monitoring periods, you must provide a revised monitoring schedule here in the first monitoring report submitted and indicate for which alternative monitoring period you are reporting monitoring data. If using alternative monitoring periods, identify the first day of the monitoring period through the last day of the monitoring penod for each of the four periods. The dates should be displayed as month (Mo) / day (Day). See Parts 6.1.6 and 6.1.7 of the permit for more information.
- If you are submitting benchmark monitoring data, identify if your facility is required to collect benchmark samples for one or more hardness-dependent metals (i.e., cadmium, copper, lead, nickel, silver, and zinc). If you select "yes" to this question you must also complete Question 2.a. and if you select "no" to this question you may skip to Section D.
- 2.a. If you selected "yes" for Question 2 under Section C, then you are required to submit to EPA with your first benchmark report a hardness level, established consistent with the procedures in Appendix J of the permit, which is representative of your receiving water. If your outfalls discharge to more than one receiving water, as reported in your NOI form, you should report hardness for the receiving water with the lowest hardness values. Hardness values must be reported in milligrams per liter (mg/L)

Section D. Outfall Information

- Enter the total number of outfalls identified in your stormwater pollution prevention plan (SWPPP). Outfalls are locations where stormwater exits the facility, including pipes, ditches, swales, and other structures used to remove stormwater from the facility.
- 2. Indicate if your facility has two or more outfalls that you believe discharge substantially identical effluents (i.e., stormwater), based on the similarities of the general industrial activities and control measures, exposed materials that may significantly contribute pollutants to stormwater, and runoff coefficients of their drainage areas. See Parts 5 1.5 2 and 6 1.1 of the permit for more information on substantially identical outfalls.
- 2 a If you selected "yes" for Question 2 under Section D, then you must list the outfall name(s) in Column 3.B. that you expect to be substantially identical to the corresponding outfall in Column 3.A.
- A. Monitored Outfall Name: List name(s) of outfall(s) you are required to monitor in Column 3.A.
- 3 B Substantially Identical Outfalls: List name(s) of outfall(s) substantially identical to "Monitored Outfall" in Column 3.A. (if applicable)].
- 3 C No Discharge Check box if you are reporting "No Discharge" for the monitored outfall for the reporting period identified in Section C 1

Example:

3.A Monitored Outfall	3.B. Substantially Identical Outfall	3.C. No
Name		Discharge
Outfall A	Outfall B; Outfall C	
Outfall D		X

Reference attachment if additional space is needed to complete the Table Section D.

Section E. Monitoring Information

 Enter the NPDES tracking number assigned by EPA's Stormwater Notice Processing Center to the facility reported in Section A.

2. For the reported monitoring event indicate whether the discharge was from a rainfall or snowmelt event. If you select "rainfall" then indicate the duration (in hours) of the rainfall event, rainfall fotal (in inches) for that rainfall event, and time (in days) since the previous measurable storm event in line items 2.a-c. For both rainfall and snowmett monitoring, you must identify the date of collection for the monitoring event in column 3.g. of the table. If the discharge occurs during a period of both rainfall and snowmelt, check both the rainfall and snowmelt boxes and report the appropriate rainfall information in item 2.a-c. To report multiple monitoring events in the same reporting period, copy Page 2 of this Form and enter each monitoring event separately with data for all outfalls sembled.

For each pollutant monitored at an outfall, you must complete one row in the Table as follows:

- Outfall Name: Provide the outfall name for which you monitored (e.g., Outfall 1, Outfall 2, Outfall 3).
- 3 b. Manitoring Type: Provide the type of manitoring using the specified codes in parentheses, below:
 - . (QBM) Quarterly benchmark monitoring
 - . (ELG) Annual effluent limitations guidelines monitoring;
 - . (S/T) State- or Tribal-specific monitoring;
 - . (I) Impaired waters monitoring; or
 - . (O) Other monitoring as required by EPA.
- 3.c. Parameter(s): Enter each "Parameter" (or "pollutant") monitored. For QBM and ELG monitoring, use the same parameter name as in Part 8 of the permit
- 3.d. Quality or Concentration: Enter sample measurement value for each parameter analyzed and required to be reported. Enter "ND" (i.e., not detected) for any sample results below the method detection limit or "BQL" (i.e., below quantitation limit) for sample results above the detection limit but below the quantitation limit.
- 3.e. Units: Enter the units for sample measurement values (i.e., "mg/L" for milligrams per liter) for each parameter analyzed and required to be reported. For monitoring results reported as ND or BQL this space will be left blank and the units will be reported in Column 3.f.
- 3.f. Results Description: This section must be completed for any monitoring results reported as ND or BQL in the "Quality or Concentration" column. For ND, report the laboratory detection level and units in this column. For BQL, report the laboratory quantitation limit and units in this column.
- Collection Date: Identify the sampling date for each parameter monitoring result reported on this form.
- 3.h. Exceedence due to natural background potlutant levels: Check box if following the first 4 quarters of benchmark monitoring (or sooner if the exceedance is triggered by less than 4 quarters of data) you have determined that the exceedance of the benchmark is attributable solely to the presence of that potlutant in the natural background for that outfall and any substantially identical outfalls. See Part 6.2.4.2 of the permit for more information. Attach supporting rationale for your determination to the submitted MDMR and reference attachment in Section E.4.
- 3.i. No further pollutant reductions achievable: Check box if after collection of 4 quarterly samples (or sooner if the exceedance is triggered by less than 4 quarters of data), the average of the 4 monitoring values for any parameter exceeds the benchmark and you have made the determination that no further pollutant reductions are technologically available and economically practicable and achievable in light of best industry practice to meet the technology-based

effluent limits or are necessary to meet the water-quality-based effluent limitations in Parts 2 of the permit (See Part 6.2.1. of the permit for more information) for that outfall and any substantially identical outfalls. Attach supporting rationale for your determination to the submitted MDMR and reference attachment in Section E.4.

4. Where violations of the permit requirements are reported, include a brief explanation to describe the cause and corrective actions taken, and reference each violation by date. Also, this section should include any additional comments such as are required when changing site status from inactive and unstaffed to active or vice versa. Attach additional pages if you need more space.

Attach additional copies of Section E as necessary to address all outfalls and parameters.

Section F. Certification

Enter "Name/Title of Principal Executive Officer or Authorized Agent" with
"Signature of Principal Executive Officer or Authorized Agent," "Date" form was signed
and email of the "Principal Executive Officer or Authorized Agent." If you submit
multiple pages of Section E monitoring data, each page must be appropriately signed
and certified as described below.

Certification statement and signature (see Section B.11 in Appendix B of the permit for more information). Federal statutes provide for severe penalties for submitting false information on this reporting form. Federal regulations require this form to be signed by one of the following individuals, or a duly authorized representative of that person, as follows:

For a corporation: by a responsible corporate officer, which means:

(i) president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation, or

(ii) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for pemit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;

For a partnership or sole proprietorship: by a general partner or the proprietor; or For a municipal, State, Federal, or other public facility: by either a principal executive or ranking elected official.

Paperwork Reduction Act Notice

Public reporting burden for this certification is estimated to average 7.25 hours per response plus an additional 2 hours for respondents required to gather hardness data, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding the burden estimate, any other aspect of the collection of information, or suggestions for improving this form, including any suggestions which may increase or reduce this burden to: Director, Office of Environmental Information Services, Collection Services Division (2823), USEPA, 1200 Pennsylvania Avenue, NW, Washington, DC 20460. Include the OMB control number of this form on any correspondence. Do not send the completed MDMR form to this address





REPORT OF ANALYSIS

ATTENTION:

Mr. Héctor Ávila

COMPANY:

AES Puerto Rico - Guayama

DATE: April 11, 2014

CONTRACT: AES - Guayama

LAB. SAMPLE ID: BEL-1401355 SAMPLE COLLECTED BY: Client

SAMPLE DATE: 04/02/14

DESCRIPTION: 004

TIME: 15:17

LAB. FILE ID: 1401355

DATE RECEIVED: 04/04/14			, io. 17		ATRIX: Water			
PARAMETER	EPA METHOD	SAMPLE TYPE	UNITS	BEL-1401355	METHOD DETECTION LIMIT	ANALYST	DATE ANALYZED	
Hardness, Total	SM 2340 C*	Grab	mg/L	132	3.50	нм	04/07/14	
Aluminum	200.7(ICAP)	Grab	mg/L	7.20	0.010	BTR	04/09/14	
iron	200.7(ICAP)	Grab	mg/L	7.25	0.010	BTR	04/09/14	
Lead	200.7(ICAP)	Grab	mg/L	0.026	0.001	BTR	04/09/14	
Zinc	200.7(ICAP)	Grab	mg/L	0.439	0.001	BTR	04/09/14	

^{*}Standard Methods for the Examination of Water and Waste Water, 19th Eddion, 1995.

Method Detection Limit (MDL)-The minimum concentration of a substance that can be measured and reported with 99% confidence that the value is above zero.

Certification and release of the Report of Analysis has been authorized by the Laboratory Manager or the Manager's Designee. Sample sample submitted.

Loda. Iris M. Chévere Alfor **Laboratory Director** Chemist License 2370

Attachment Chain of Custody Records (1)

A 1486935

PAGE 1 OF 1

THE NELAC CERTIFIED ANALYSES MEET ALL REQUIREMENTS OF NELAC STANDARDS. REFER OUR SERVICE DEPARTMENT FOR THE CURRENT LIST OF CERTIFIED ANALYSES. CERTIFIED BY THE STATE OF FLORIDA DEPARTMENT OF HEALTH AND REHABILITATION SERVICES FOR ENVIRONMENTAL TESTING CERTIFICATION NUMBER E87556 192 VILLA STREET • PONCE, PR 00730-4875 • TEL. (787) 841-7373 • FAX (787) 841-7313

192 Villa Street • Ponce, P.R. 00730-4875
Tel. 787-841-7373 • Fax 787-841-7313
CHAIN OF CUSTODY RECORD

PROYECT NO.	COA	PRIVE (SAMPLER / /
		MED (2	my	~~ <u>~</u>	1 Chief
SAMPLE LOCATION	CLIENT ID	0	04 V		TIME 15:17 AM CONTROL NO.
SAMPLE DATE		4 -	2 -	14	BEL NO. 1401355 113/43
1. General Environment	nal: P	c vss		PC	SamplingWitness;
Acidity (_	Alkalimity	()		Date/Time:
Ammonia as N (BOD-5	} _	Bicarbonate Bromide	()		Relinquished by:
Chloride (` ~	Chlorine, Res.	()	Small or .	11:20 en
COD ()	Color (ADMI)	()		Date/Time 4/0/14
Conductivity µmhos/em (Dissolved Oxygen (()	anni code	Received by:
	から	Cyanide Fluoride	()		The same
Moisture % (1) /	lodide	()		Julia frame
Nitrite (Oil+Grease) _	Nitrate	()	-	Date/Tiple: 4, 4 -14 11:20 1
Phenol () _	Nitrate + Nitrite pH, S.U.	()		Relinguished by:
Phosphorus, Total (; =		()		Veto him kumil
Sent Solids mg/L ()	Sent. Solids mL/L	i i		Date/Type: 4 4-14 1:38 pm
Sulfate ()		()	-	Received by:
TDS ()		()	************	CALL hull
Temperature, °C (í _	TSS	()	-	Date/Times 111 11 11
TOC (Asbestos ()		()	-	Date/Time: 4/4/14 1:38 pm
TVS () _	Turbidity Carbonate	()	-	Relinquished by:
Total Nitrogen (<u> </u>	Carocinate	()	*******	
2. Metals:	1.3	_			Date/Time:
Aluminum (Al) (J Chromium (Cr) (43			-	Received by:
	k! 15	Copper (Cu Lead (Pb)		12	
Manganese (Mn) (5	Mercury (Hg		1,3	Date/Time:
Nickel (N1) (Silver (Ag) ()	Selenium (Se)			
~ (· · · · · · · · · · · · · · · · · · ·	e 15	Tin (Sn) Arsenic (As)	, ,		Matrix "
Banum (Ba) (5 12	Boron (B)	()	-	air () water () sludge ()
Antimony (Sb) () _	Beryllium (Be)			liquid () soil () solid ()
Bismuth (Bi) (Chrom:um, VI (CrVI) (}	Calcium (Ca) Cobalt (Co)			oil () mixed () other ()
Magnesium (Mg) (<u>;</u>			-	
Potassium (K) (} _	Silicon (Si)	()	-	Specify:
Sodium (Na) (Thallium (Tl) (} _	Strontium (Sr)	()		Preservative Codes = PC
Vanadium (V) (· -	Titanium (Ti) Lithium (Li)	()		rreservative Codes = PC
	-		,	-	1 Cool 560C
3. RCRA/Hazardous was	iles		01.0		1. Cool, <6° C 6. Sodium Hydroxide(NaOH)
Ignitability (Flash Pt.) (Reactivity (CN & S) (, -	Compainity TCLP	()	-	2. Sulfuric Acid (H ₂ SO ₄) pH<2 7. Zinc Acetate
RCRA Metals (;	Organics-Pest/Herb			3. Nitric Acid (HNO ₃), pH<2 8. Ascorbic Acid
Organics-BNA (}	Organics-VOA	()		4. Hydrochloric acid (HCl) 9. FAS
TOX (, _				5. Sodium Thiosulfate 10.Other
4. Specific Organics		Phenois GC	()		Comula to a large la
)	Semi-Volitiles (BN)	4)()		Sample type legend:
Pesticides/PCB's (Herbicides ()	PCB's Only	()		grab samples x
BTEX () _	TPH 418.1 TTO	()		composite samples xx
TTO & Dioxin (; _	TPH 8015	()		Turnaround time: Sampling Equipment:
5. Microbiology		Lindane	()		S -dorburgane
)	Total Coliform			l day () Automatic Sampler ()
	<i>'</i>	AVAN COMOLIN	()		2 days () Sample Pick Up ()
Comments:					3 days ()
***************************************				-	5 days ()
					Note: normal tumeround time is ten (10) working days,
					additional abaness and a family of
				Origi	additional charges apply for rush orders.

Original





ATTENTION:

Mr. Héctor Ávila

COMPANY:

AES Puerto R co - Guayama

DATE: April 11, 2014

CONTRACT: AES - Guayama

LAB. SAMPLE ID: BEL-1401356 SAMPLE COLLECTED BY: Client DATE RECEIVED: 04/04/14

SAMPLE DATE: 04/02/14

DESCRIPTION: 002

TIME: 15:00

LAB. FILE ID: 1401356

PARAMETER	EPA METHOD	SAMPLE TYPE	UNITS	BEL-1401358	METHOD DETECTION LIMIT	ANALYST	DATE ANALYZED
Hardness, Total Aluminum Iron Lead Zinc	SM 2340 C* 200.7(ICAP) 200.7(ICAP) 200.7(ICAP) 200.7(ICAP)	Grab Grab Grab Grab Grab	mg/L mg/L mg/L mg/L mg/L	136. 1.63 1.52 0.010 0.014	3.50 0.010 0.010 0.001 0.001	HM BTR BTR BTR BTR	04/07/14 04/09/14 04/09/14 04/09/14 04/09/14

^{*}Standard Methods for the Examination of Water and Waste Water, 19th Edition, 1995.

Method Detection Limit (MDL)-The minimum concentration of a substance that can be measured and reported with 99% confidence that the value is above zero.

Certification and release of the day of the Report of Analysis has been authorized by the Laboratory Manager or the Manager's Designee. Sample stated on the carrier sample submitted.

Lcda. Iris M. Chévere Aifond Laboratory Director Chemist License 2370

Attachment Chan of Custody Records

A 1486930

PAGE 1 OF 1

THE NELAC CERTIFIED ANALYSES MEET ALL REQUIREMENTS OF NELAC STANDARDS.

REFER OUR SERVICE DEPARTMENT FOR THE CURRENT LIST OF CERTIFIED ANALYSES.

CERTIFIED BY THE STATE OF FLORIDA DEPARTMENT OF HEALTH AND REHABILITATION SERVICES FOR ENVIRONMENTAL TESTING

• CERTIFICATION NUMBER E87556 •

192 VILLA STREET • PONCE, PR 00730-4875 • TEL (787) 841-7373 • FAX (787) 841-7313

BECKTON ENVIRON: 192 Villa Street • I Tel. 787-841-737	once, P.R. 0	0730-4875 CHAIN O	F CUS	REVISION 2009 TODY RECORD
PROYECT NO	COMPANY			SAMPLER
	AE		~	ajet
SAMPLE LOCATION/CLIEN	CI T	0	02	TIME 15.00AM CONTROL NO.
SAMPLE DATE		4-2	- 19	1 REL. NO / 40/356 174473
General Environmental	PC	VSS	PC	SamplingWitness;
cidity. ()	analismose:	Alkalinity ()		Date/Time:
mmonia as N () OD-5 ()	Antonios	Bicarbonate () Bromide ()		Relinquished by:
UD-5 () hlande ()	*********	Chlorine, Res ()		100 4/4/14 11:20
()		Color (ADMI)	-	Date/Tinge:
onductivity punhos/em ()		Color (Pt-Co) ()		
ssolved Oxygen ()	12	Cyanide ()		Received by:
oisture % (X)	1.2	Fluoride ()	-	1 got hum pours
orsture % () trite ()		Nitrate ()		Date/Tipe/ 40 4 - 14/ 11:20 Am
I+Grease ()	470000	Nitrate + Nitrite ()		Relinguished by://
enot ()	whetherman	pH, S.U. ()		Cate Nine /
cosphorus, Total ()	-	Phosphate, Ortho ()	-	
tt Solids mg/L. ()	-	Sett. Solids mL/l. () Solids, Total ()	-	Date/Time: 4-4-14 1:38 14
lfite ()		Sulfide ()	and or origin	Received by:
S ()		Surfactuni ()	ability (Figh.	Ale Well
mperature, °C ()		TSS ()	-	Date/Time: 4/4/14 1:38 fm
C ()	Springs	TKN ()	-	Relinquished by:
besios () 'S ()	-	Turbidity () Carbonate ()	-	remiquisticu by:
tal Nitrogen ()			-	
Metals:	12			Date/Time:
uminum (Al) (X)	13	Cadmium (Cd) ()		Received by:
n (Fe) (24)	1.3	Copper (Cu) () Lead (Pb) (AC)	1.2	•
n (Fe) (X) unganese (Mn) ()	(<u>江</u> 二 [五 二	Lead (Pb) (X) Mercury (Hg) ()	11	Date/Time:
cket (Ni) ()		Selenium (Se) ()		
ver (Ag) ()		Tin (Sn) ()		Matrix
nc (Zn) (X)	43	Arsenic (As) ()		air '() water (/) sludge ()
nium (Ba) () stimony (Sb) ()	**********	Boron (B) () Berylium (Be) ()		liquid () soil () solid ()
smuth (Bi) ()		Calcium (Ca) ()	-	
romium, VI (CrVI) ()	-	Cobalt (Co) ()		oil () mixed () other ()
ignesium (Mg) ()	-	Molybdenum (Mo) ()		Specify:
tessium (K) () dium (Na) ()		Silicon (Si) () Strontium (Sr) ()	-	- Kanal
allium (Tl) ()	-	Titanium (Ti) ()	-	Preservative Codes = PC
nadium (V) ()		Lithium (Li) ()	-	
RCRA/Hazardous wastes				1. Cool, <6°C 6. Sodium Hydroxide(NaOH)
RCRA/Hazardous wastes nitability (Flash Pt.)()		Corrosivity ()		2. Sulfuric Acid (H ₂ SO ₄) pH<2 7. Zinc Acetate
activity (CN & S) ()		Corrosivity () TCLP ()	-	3. Nitric Acid (HNO ₁), pH<2 8. Ascorbic Acid
RA Metals ()		Organics-Pest/Herb ()		
ganics-BNA ()	-	Organics-VOA ()	-	4. Hydrochloric acid (HCI) 9. FAS
X ()	-			5. Sodium Thiosulfate 10.Other
Specific Organics		Phenols GC ()		Sample type legend:
latiles ()	-	Semi-Volitiles (BNA) ()		
sticides/PCB's ()	-	PCB's Only ()	*****	grab samples x
erbicides ()		TPH 418.1 ()		composite samples xx
TEX () O&Dioxus ()	-	TTO () TPH 8015 ()		Turnaround time: Sampling Equipment:
,		Lindane ()	-	
Microbiology				I day () Automatic Sampler ()
cal Coliform ()	-	Total Coliform ()	-	2 days () Sample Pick Up ()
				3 days ()
omments:	~			•
				5 days ()
				Note: normal turnsround time is ten (10) working days;
				additional charges apply for rush orders.

Original





ATTENTION:

Mr. Héctor Ávila

COMPANY:

AES Puerto Rico - Guayama

DATE: April 29, 2014

CONTRACT: AES - Guavama

LAB. SAMPLE ID: BEL-1401633

DATE RECEIVED: 04/16/14

SAMPLE DATE: 04/10/14

DESCRIPTION: Stormwater 003A

SAMPLE COLLECTED BY: Client (H. Ávila)

TIME: 7:20AM

LAB. FILE ID: 1401633

MATRIX: Water

PARAMETER	EPA METHOD	SAMPLE TYPE	UNITS	BEL-1401633	METHOD DETECTION LIMIT	ANALYST	DATE ANALYZED
Hardness, Total	SM 2340 C*	Grab	mg/L	1,200	3.50	HM	04/23/14
Aluminum	200.7(ICAP)	Grab	mg/L	0.068	0.010	BTR	04/24/14
Iron	200.7(ICAP)	Grab	mg/L	0.023	0.010	BTR	04/24/14
Lead	200.7(ICAP)	Grab	mg/L	0.010	0.001	BTR	04/24/14
Zinc	200.7(ICAP)	Grab	mg/L	0.057	0.001	BTR	04/24/14

[&]quot;Standard Methods for the Examination of Water and Waste Water, 19th Edition, 1995.

Method Detection Limit (MDL)-The minimum concentration of a substance that can be measured and reported with 99% confidence that the value is above zero

Certification and release of the day Report of Analysis has been authorized by the Laboratory Manager or the Manager's Designee. Sample sample submitted.

Lcda. Iris M. Chévere Alf Laboratory Director Chemist License 2370

Attachment: Chain of Custody Records

PAGE 1 OF 1

THE NELAC CERTIFIED ANALYSES MEET ALL REQUIREMENTS OF NELAC STANDARDS. REFER OUR SERVICE DEPARTMENT FOR THE CURRENT LIST OF CERTIFIED ANALYSES. CERTIFIED BY THE STATE OF FLORIDA DEPARTMENT OF HEALTH AND REHABILITATION SERVICES FOR ENVIRONMENTAL TESTING • CERTIFICATION NUMBER E87556 • 192 VILLA STREET • PONCE, PR 00730-4875 • TEL. (787) 841-7373 • FAX (787) 841-7313

BECKTON ENVIRONMENTAL LABORATORIES

• 192 Villa Street • Ponce, P.R. 00730-4875 Tel. 787-841-7373 • Fax 787-841-7313 CHAIN OF CUSTODY RECORD

SAMPLE DATE	PROYECT NO.	COMPANY	AES Guayama	SAMPLER H. Avik
Central Environmental:	SAMPLE LOCATION/CLIEN	TID		03A TIME 7:20 PM 175914
Commentation PC	SAMPLE DATE		4/10/14	BEL NO. 1401633
Antoning Altaining Date/Time: Da	Canaral Environmental	BC.		SamplingWitness;
Branchonate Branchonate		PÇ.	DINU	Date/Time:
BOD-5			· · · · · · · · · · · · · · · · · · ·	
Color (ADMI) Color (Color (ADMI) Color (A				Reinquisited by.
Color (ADM)	Chloride ()		Chlorine, Res. ()	189 4/16/20/9 1.10 PA
Conductivity	COD ()		Color (ADMI) ()	- Date/Time:
Mosture %		.74		- Received by.
Nitrole Nitrole Nitrole Nitrole Nitrole Nitrole Nitrole Nitrole Nitrole Nitrole Nitrole Nitrole Nitrole Nitrole		73		
Onl-Grase		-	, ,	Date/Time: 4/16/84 1:10 pm
Pileno		-		
Phosphare, Otho				Church Alecal
Date Time: Date			• • • • • • • • • • • • • • • • • • • •	Junear will and
Solidate Solidate Solidate	_			Date/Time: 4/16/14 2:40 pm
Surface Surface Surface		-		
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TCC		disquipme		
Anbestor				- Date/Time: 4/16/14 214970
Total Narogen			, ,	Relinguished by:
Total Nitrogen C				
2. Metals:				
Coppe	2. Metals:			
Comments: Comm		1,3		- Received by:
Marguese Many Mercury (high Date/furme:		7.5	Coppe (Cu) ()	•
Nicket (Ni) Silver (Ag) Tin (Sh) Tin		1.3	Lead (Pb) (K) Li	Date/Time:
Silver				Marie Tillio
Arsnic				Matrix
Barlom (Ba) Boron (B) Boron (B) Beryllium (Be)		1.3	_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Antimony (Sb) ()			•	
Bismuth (Bi) Calcium (Ca) Calcium, VI (CrVI) Cobust Co) Colust Column			, , , , , , , , , , , , , , , , , , , ,	liquid () soil () solid ()
Chromium, V1 (CrV1) Columb (Co) Columb (Co) Molybdenum (Mo) Specify:	, , , .	-	Calcium (Ca) ()	oil () mixed () other ()
Strontium (Na) ()			Colult (Co) ()	()
Strontium (Na) ()		Specimen	Molybdenum (Mo) ()	Specify:
Thallium (Ti) ()				
Vanadium (V) () Lishum (Li) () 3. RCRA/Hazardous wastes 1. Cool, <6° C				Preservative Codes = PC
3. RCRA/Hazardous wasters 1. Cool,<6°C 6. Sodium Hydroxide(NaOH) Ignitability (Plash Pt.)((,	
Secretive of the secr	(1)	-	(, , , , , , , , , , , , , , , , , ,	1 Cool <6°C 6. Sodium Hydroxide(NaOH)
Reactivity (CN & S) () TCLP () 3. Nitric Acid (HNO ₃), pH<2 8. Ascorbic Acid RCRA Metals () Organics-Pest/Herb () 4. Hydrochloric acid (HCl) 9. FAS Organics-BNA () Organics-VOA () 5. Sodium Thiosulfate 10.Other 4. Specific Organics Volatiles (BNA) ()	3. RCRA/Hazardous wastes			
RCRA Metals () Organics-Pest/Herb ()		-		
RCRA Metals () Organics-Pest/Herb ()		-		_ 3. Nitric Acid (HNO ₃), pH<2 8. Ascorbic Acid
Organics-NOA () TOX () 5. Sodium Thiosulfate 10.Other 6. Sample type legend: 6. Composite samples XX 6. Turnaround time: Sampling Equipment: 7. Data Coliform () 8. Sample type legend: 8. Composite samples XX 8. Turnaround time: Sampling Equipment: 9. Data Coliform () 9. Dat		-		-
4. Specific Organics Volatiles () Semi-Volitiles (BNA)() grab samples X Pesticides/PCB's () PCB's Only () grab samples X Herbicides () TPH 4181 () grab samples X BTEX () TTO () TTO 2 Dioxin () TPH 8015 () Turnaround time: Sampling Equipment: Lindane () Sample type legend: Grab samples X Composite samples XX			Urganics-VUA ()	
Volatiles () Semi-Volitiles (BNA) () grab samples x Pesticides/PCB's () PCB's Only () composite samples xx BTEX () TO () TPH 418 ! () composite samples xx BTEX () TO () TPH 8015 () Turnaround time: Sampling Equipment: Lindane ()				
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TO & Dioxin () TPH 2015 () Turnaround time: Sampling Equipment: 5. Microbiology Fecal Coliform () Total Coliform () 2 days () Sample Pick Up (x) Comments: 5 days () Note: normal turnaround time is ten (10) working days;		****		
TO & Dioxin () TPH 2015 () Turnaround time: Sampling Equipment: 5. Microbiology Fecal Coliform () Total Coliform () — 2 days () Sample Pick Up (x) 3 days () 5. Microbiology Fecal Coliform () — 2 days () Sample Pick Up (x) 3 days () Note: normal turnaround time is ten (10) working days;				
5. Microbiology Fecal Coliform Total Cohform 1 day Automatic Sampler 2 days 3 days 3 days Note: normal turnaround time is ten (10) working days;				Turnaround time: Sampling Equipment:
5. Microbiology Fecal Coliform () Total Cohform () — 1 day () Automatic Sampler () 2 days () Sample Pick Up (x) 3 days () 5 days () Note: normal turnaround time is ten (10) working days;	. ,	articles.		
Fecal Coliform () Total Coliform () — 2 days () Sample Pick Up (x) 3 days () 5 days () Note: normal turnaround time is ten (10) working days;				1 day () Automatic Sampler ()
Comments: 3 days () 5 days () Note: normal turnaround time is ten (10) working days;	Fecal Coliform ()		Total Coliform ()	
5 days () Note: normal turnaround time is ten (10) working days;				
Note: normal turnaround time is ten (10) working days;	Comments:			
				5 days ()
				Note: normal turnaround time is ten (10) working days;



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Form Approved. OMB No. 2040-0004

WASHINGTON, DC 20450 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (MDMR)	OMB No. 2040-0004				
Reason(s) for Submission (Check all that apply):					
☑ Submitting monitoring data (Fill in all Sections). ☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C.1, D, and F). ☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, F and include date of status change in comment field in ☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section E.4). ☐ Reporting that no further pollutant reductions are achievable for all outffells and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B.					
A. Permit Tracking Number: PRR05BL65 Note: Read instructions i	pefore completing this Form.				
B. Facility Information					
1. Facility Name: AES PUERTO RICO					
2. Facility Location:					
a. Street: PR - 03 KM 142.0 BO. JOBOS					
b. City: GUAYAMA	0 0 7 8 5 -				
3. Additional Facility Information (Optional):					
Contact Name: RON RODR I QUE Email: ron rodrique@a	els . clom				
Phone: 787 - 866 - 8117 Ext. 2219					
4. MDMR Preparer (Complete if MDMR was prepared by someone other than the person signing the certification in Section F)					
Prepared by: HECTOR M AVILA					
Organization: AES PUERTO RICO					
Email: hector.avilla@aes.com					
Phone: 787-866-8117 Ext. 2266					
C. Discharge Information					
1. Identify monitoring period: Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify monitoring period you are reporting monitoring data	ify alternative monitoring				
☐ Quarter 1 (April 1 – June 30) ☐ Quarter 1: From 0 1 / 0 1 To 0 3 / 3 1					
Quarter 2 (July 1 – September 30) Quarter 2: From 0 4 / 0 1 To 0 6 / 3 0					
☐ Quarter 3 (October 1 - December 31) ☐ Quarter 3: From 0 7 / 0 1 To 0 9 / 3 0					
☐ Quarter 4 (January 1 – March 31) ☐ Quarter 4: From 1 0 / 0 1 To 1 2 / 3 1					
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc? Yes (Complete line item 2.a.)	n D)				
2a. What is the hardness level of the receiving water? 6 8 0 0 mg/L					
D. Outfall Information					
1. How many outfall(s) are identified in your SWPPP? 03 List name of outfall(s) required to be monitored in table below.					
2. Do any of your outfalls discharge substantially identical effluents? YES NO					
2.a. If yes, for each monitored outfall, indicate outfall names that are substantially identical in table below.					
3.A. Monitored Outfall Name* 3.B. Substantially Identical Outfalls [List name(s) of outfall(s) substantially identical to outfall in 3.A. (if applicable)]	3.C. No Discharge?				
Reference attachment if additional space needed to complete the table					

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (MDMR)

Form Approved, OMB No. 2040-0004

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3.i. No further pollutant reductions achievable? Note: Make additional copies of this form as necessary. Date (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or Tribal-specific monitoring; (I) - Impaired waters monitoring; (O) -Other monitoring as required by EPA 3.h. Exceedance due to Signature of Principal Executive Officer or Authorized Agent natural background pollutant fevels 004 3.g. Collection Date 2.c. Time since previous measurable storm event (days): 07/18/14 07/18/14 07/18/14 07/18/14 07/18/14 07/18/14 07/18/14 07/18/14 07/18/14 07/18/14 07/18/14 07/18/14 3.f. Results Description Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the bast of my knowledge and ballef, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I certify under penalty of law that this document and all attachments were prapared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted 0.001 0.001 3.e. Units Com. mg/L S 3.d. Quality or Concentration hector.avilla@ae 2 2.b. Rainfall amount (inches): 000 0.102 0,134 0.016 0.248 0.119 0.004 0.005 0.025 0.134 2 2 2. Nature of Discharge: 📝 Rainfall (Complete line items 2.a., 2.b., & 2.c.) 📋 Snowmell Comment and/or Explanation of Any Violations (Reference all attachments here) 3.c. Parameter Aluminum Aluminum Lead Lead Lead Zinc ron Zinc ron Zinc PRR05BL65 Iron Email of Principal Executive Officer or Authorized Agent: 02 Typed or Printed Name/Title of Principal Executive 3.b. Monitoring Type (QBM, ELG, S/T, 1, 0)* 2.a. Duration of the rainfall event (hours): Officer or Authorized Agent OMB OMB OMB OMB QMB OMB OMB OMB OMB OMB OMB OMB Permit Tracking Number: Monitoring Information Hector M. Avila 3.a. Outfall Name Certification 005 004 003 003 002 002 005 900 004 004 003 003

Instructions for Completing the MSGP Industrial Discharge Monitoring Report (MDMR)

Who Must Submit A Discharge Monitoring Report to EPA?

Facilities covered under the Multi-Sector General Permit (MSGP or permit) that are required to monitor pursuant to Parts 6.2, 6.3, and 8 of the permit must submit the MSGP Discharge Monitoring Report (MDMR) consistent with the reporting requirements specified in Part 7.1 of the permit.

Where to File the MDMR Form

Monitoring data collected pursuant to Parts 6.2, 6.3, and 8 of the permit must be submitted electronically via EPA's Electronic Notice of Intent System (eNOI), which can be found at www.epa.gov/npdss/enoi. Filing electronically will allow permittees to easily submit the results of monitoring data to EPA. If you cannot access eNOI, monitoring results must be reported on the paper MDMR form and sent to one of the following addresses:

Via U.S. mail:

U.S. Environmental Protection Agency Office of Water, Water Permits Division Mail Code 4203M, ATTN: MSGP Reports 1200 Pennsylvania Avenue, NW Washington, D.C. 20460

Via Overnight/Express Delivery;
U.S. Environmental Protection Agency
Office of Water, Water Permits Division
Room 7420, ATTN: MSGP Reports
1201 Constitution Avenue, NW
Washington, D.C. 20004
Phone number: 202-564-9545

Completing the MDMR Form

To complete this form, type or print in uppercase letters in the appropriate areas only. Be sure that you complete all applicable questions. Photocopy your MDMR form for your records before you send the completed original form to the appropriate address above. Use ink when you sign and mail the original document – EPA will not accept photocopies. You may also use this paper form as a checklist for the information you will need when submitting a MDMR electronically via EPA's eNO! system.

Reasons for Submission

Indicate your reason(s) for submitting this MDMR by checking all boxes that apply. The reasons for submission are defined as follows:

- Submitting monitoring data: For each storm sampled, submit one MDMR form with data for all outfalls sampled. Select this reason even if you only have monitoring data for some of your outfalls (i.e., some outfalls did not discharge). If you select this reason you are required to complete all Sections of the form.
- Reporting no discharge for all outfalls for this monitoring period: Indicates
 that there were no discharges from all outfalls during this monitoring
 period. If you select this reason you are only required to complete
 Sections A, B, C.1, D, and F.
- Reporting that your site status has changed to inactive and unstaffed: Indicates that your facility is currently inactive and unstaffed (See Part 6.2.1.3 of the permit for more information). If you select this reason you are only required to complete Sections A, B, and F and include date of status change in the comment field in Section E.4.
- Reporting that you site status has changed from inactive to active: Indicates that your facility is currently active (See Part 6.2.1.3 of the permit for more information). If you select this reason you are required to complete all Sections of the form and include date of status change in the comment field in Section E.4.
- Reporting that no further reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the permit: Indicates that your facility has determined that no further pollutant reductions are technologically and economically practicable in light of best industry practice to meet the technology-based effluent limits or are necessary to meet the water-quality-based effluent limitations in Parts 2 of the permit (See Part 6.2.1.2 of the permit for more information). If you select this reason you are required to complete Sections A, B and F. However, if you can make this finding for some outfalls and pollutants, but not for others, you cannot select this reason; you will instead be able to identify which outfalls and which pollutants you can make this finding for in Section E.

Section A. Permit Tracking Number

Enter the National Pollutant Discharge Elimination System (NPDES) tracking number assigned by EPA's Stormwater Notice Processing Center to the facility. If you do not know the tracking number, you can find the tracking number assigned to your facility on EPA's Notice of Intent (NOI) Search website (www.epa.gov/npdes/noisearch).

Section B. Facility Information

 Enter the facility's official or legal name. Unless the name of your facility has changed, please use the same name provided on your NOI. You can use EPA's NOI Search website (www.epa.gov/npdes/noisearch) to view your NOI.

2.a-d. Enter the street address, including city, state, and zip code of the actual physical location of the facility. Do not use a P.O. Box.

3. (Optional) Identify the name, telephone number, and email address of the person who will serve as a contact for EPA on issues related to monitoring at your facility. This person should be able to answer questions related to stormwater discharges and monitoring or have immediate access to individuals with that knowledge. This person does not have to be the facility operator, but should have intimate knowledge of monitoring activities at the facility.

4. If the form was prepared by someone other than the person who is signing the certification statement in Section F (for example, if the MDMR was prepared by a member of the facility's stormwater pollution prevention team or a consultant for the certifier's signature), include the name, organization, phone number and email address of the MDMR preparer.

Section C. Discharge Information

- 1. Indicate the appropriate monitoring period (Quarter 1, 2, 3, or 4) covered by the MDMR. "Atternative" monitoring periods can apply to facilities located in arid and semi-arid climates, or in areas subject to snow or prolonged freezing. To use alternative monitoring periods, you must provide a revised monitoring schedule here in the first monitoring report submitted and indicate for which alternative monitoring period you are reporting monitoring data. If using alternative monitoring periods, identify the first day of the monitoring period through the last day of the monitoring period for each of the four periods. The dates should be displayed as month (Mo) / day (Day). See Parts 6.1.6 and 6.1.7 of the permit for more information.
- If you are submitting benchmark monitoring data, identify if your facility is
 required to collect benchmark samples for one or more hardness-dependent
 metals (i.e., cadmium, copper, lead, nickel, silver, and zinc). If you select "yes"
 to this question you must also complete Question 2.a. and if you select "no" to
 this question you may skip to Section D.
- 2.a. If you selected "yes" for Question 2 under Section C, then you are required to submit to EPA with your first benchmark report a hardness level, established consistent with the procedures in Appendix J of the permit, which is representative of your receiving water. If your outfalls discharge to more than one receiving water, as reported in your NOI form, you should report hardness for the receiving water with the lowest hardness values. Hardness values must be reported in milligrams per liter (mg/L).

Section D. Outfall Information

- Enter the total number of outfalls identified in your stormwater pollution prevention plan (SWPPP). Outfalls are locations where stormwater exits the facility, including pipes, ditches, swales, and other structures used to remove stormwater from the facility.
- Indicate if your facility has two or more outfalls that you believe discharge substantially identical effluents (i.e., stormwater), based on the similarities of the general industrial activities and control measures, exposed materials that may significantly contribute pollutants to stormwater, and runoff coefficients of their drainage areas. See Parts 5.1.5.2 and 6.1.1 of the permit for more information on substantially identical outfalls.
- 2.a. If you selected "yes" for Question 2 under Section D, then you must list the outfall name(s) in Column 3.B, that you expect to be substantially identical to the corresponding outfall in Column 3.A.
- Monitored Outfall Name: List name(s) of outfall(s) you are required to monitor in Column 3.A.
- Substantially Identical Outfalls: List name(s) of outfall(s) substantially identical to "Monitored Outfall" in Column 3.A. (if applicable)].
- 3.C No Discharge: Check box if you are reporting "No Discharge" for the monitored outfall for the reporting period identified in Section C.1.

Example:

3.A Monitored Outfail Name	3.B. Substantially Identical Outfall	3.C. No Discharge
Outfall A	Outfall B; Outfall C	
Outfall D		

Reference attachment if additional space is needed to complete the Table Section D.

Section E. Monitoring Information

 Enter the NPDES tracking number assigned by EPA's Stormwater Notice Processing Center to the facility reported in Section A.

2. For the reported monitoring event indicate whether the discharge was from a rainfall or snowmelt event. If you select "rainfall" then indicate the duration (in hours) of the rainfall event, rainfall total (in inches) for that rainfall event, and time (in days) since the previous measurable storm event in line items 2.a-c. For both rainfall and snowmelt monitoring, you must identify the date of collection for the monitoring event in column 3.g. of the table. If the discharge occurs during a period of both rainfall and snowmelt, check both the rainfall and snowmelt boxes and report the appropriate rainfall information in item 2.a-c. To report multiple monitoring events in the same reporting period, copy Page 2 of this Form and enter each monitoring event separately with data for all outfalls sampled.

For each pollutant monitored at an outfall, you must complete one row in the Table as follows:

- Outfall Name: Provide the outfall name for which you monitored (e.g., Outfall 1, Outfall 2, Outfall 3).
- Monitoring Type: Provide the type of monitoring using the specified codes, in parentheses, below:
 - . (QBM) Quarterly benchmark monitoring
 - · (ELG) Annual effluent limitations guidelines monitoring;
 - . (S/T) State- or Tribal-specific monitoring;
 - . (I) Impaired waters monitoring; or
 - . (O) Other monitoring as required by EPA.
- 3.c. Parameter(s): Enter each "Parameter" (or "pollutant") monitored. For QBM and ELG monitoring, use the same parameter name as in Part 8 of the permit.
- 3.d. Quality or Concentration: Enter sample measurement value for each parameter analyzed and required to be reported. Enter "ND" (i.e., not detected) for any sample results below the method detection limit or "BQL" (i.e., below quantitation limit) for sample results above the detection limit but below the quantitation limit.
- 3.e. Units: Enter the units for sample measurement values (i.e., "mg/L" for milligrams per liter) for each parameter analyzed and required to be reported. For monitoring results reported as ND or BQL this space will be left blank and the units will be reported in Column 3.f.
- 3.f. Results Description: This section must be completed for any monitoring results reported as ND or BQL in the "Quality or Concentration" column. For ND, report the laboratory detection level and units in this column. For BQL, report the laboratory quantitation limit and units in this column.
- Collection Date: Identify the sampling date for each parameter monitoring result reported on this form.
- 3.h. Exceedance due to natural background pollutant levels: Check box if following the first 4 quarters of benchmark monitoring (or sooner if the exceedance is triggered by less than 4 quarters of data) you have determined that the exceedance of the benchmark is attributable solely to the presence of that pollutant in the natural background for that outfall and any substantially identical outfalls. See Part 6.2.4.2 of the permit for more information. Attach supporting rationale for your determination to the submitted MDMR and reference attachment in Section E.4.
- 3.i. No further pollutant reductions achievable: Check box if after collection of 4 quarterly samples (or sooner if the exceedance is triggered by less than 4 quarters of data), the average of the 4 monitoring values for any parameter exceeds the benchmark and you have made the determination that no further pollutant reductions are technologically available and economically practicable and achievable in light of best industry practice to meet the technology-based

effluent limits or are necessary to meet the water-quality-based effluent limitations in Parts 2 of the permit (See Part 6.2.1. of the permit for more information) for that outfall and any substantially identical outfalls. Attach supporting rationale for your determination to the submitted MDMR and reference attachment in Section E.4.

4. Where violations of the permit requirements are reported, include a brief explanation to describe the cause and corrective actions taken, and reference each violation by date. Also, this section should include any additional comments such as are required when changing site status from inactive and unstaffed to active or vice versa. Attach additional pages if you need more space.

Attach additional copies of Section E as necessary to address all outfalls and parameters

Section F. Certification

Enter "Name/Title of Principal Executive Officer or Authorized Agent" with
"Signature of Principal Executive Officer or Authorized Agent," "Date" form was signed
and email of the "Principal Executive Officer or Authorized Agent." If you submit
multiple pages of Section E monitoring data, each page must be appropriately signed
and certified as described below.

Certification statement and signature (see Section B.11 in Appendix B of the permit for more information). Federal statutes provide for severe penalties for submitting false information on this reporting form. Federal regulations require this form to be signed by one of the following individuals, or a duly authorized representative of that person, as follows:

For a corporation: by a responsible corporate officer, which means:

(i) president, secretary, treasurer, or vice-president of the corporation in charge
of a principal business function, or any other person who performs similar policy
or decision making functions for the corporation, or

(ii) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;

For a partnership or sole proprietorship: by a general partner or the proprietor; or For a municipal, State, Federal, or other public facility: by either a principal executive or ranking elected official.

Paperwork Reduction Act Notice

Public reporting burden for this certification is estimated to average 7.25 hours per response plus an additional 2 hours for respondents required to gather hardness data, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding the burden estimate, any other aspect of the collection of information, or suggestions for improving this form, including any suggestions which may increase or reduce this burden to: Director, Office of Environmental Information Services, Collection Services Division (2823), USEPA, 1200 Pennsylvania Avenue, NW, Washington, DC 20460. Include the OMB control number of this form on any correspondence. Do not send the completed MDMR form to this address.





ATTENTION:

. al ,

Mr. Héctor Ávila

COMPANY:

AES Puerto Rico - Guayama

DATE: August 7, 2014

CONTRACT: AES - Guayama

LAB. SAMPLE ID: BEL-1403266

SAMPLE COLLECTED BY: Client (H. Ávila)

SAMPLE DATE: 07/18/14

DESCRIPTION: 002

TIME: 7:45

LAB. FILE ID: 1403266

MATRIX: Water

DATE RECEIVED: 07/24/14 METHOD PARAMETER EPA SAMPLE UNITS BEL-1403266 DETECTION ANALYST DATE METHOD TYPE RESULT ANALYZED LIMIT Hardness, Total SM 2340 C° Grab 08/05/14 mg/L 160. 3.50 HM Aluminum 200.7(ICAP) 07/30/14 Grab 0.313 0.010 BTR mg/L Iron 200.7(ICAP) Grab mg/L 0.102 0.010 BTR 07/30/14 l ead 200.7(ICAP) Grab < 0.001 0.001 07/30/14 mg/L BTR Zinc 200.7(ICAP) Grab mg/L 0.016 0.001 07/30/14 BTR

GO LA

Method Detection Limit (MDL)-The minimum concentration of a substance that can be measured and reported with 99% confidence that the value is above zero.

Certification and release of the data confidence Manager's Designee. Sample results related on Report of Analysis has been authorized by the Laboratory Manager or the ample submitted.

Loga Iris M. Chevere Alfonto **Laboratory Director** Chemist License 2370

Attachment Chain of Custody Records (1)

PAGE 1 OF 1

A 1501950

THE NELAC CERTIFIED ANALYSES MEET ALL REQUIREMENTS OF NELAC STANDARDS. REFER OUR SERVICE DEPARTMENT FOR THE CURRENT LIST OF CERTIFIED ANALYSES. CERTIFIED BY THE STATE OF FLORIDA DEPARTMENT OF HEALTH AND REHABILITATION SERVICES FOR ENVIRONMENTAL TESTING • CERTIFICATION NUMBER E87558 • 192 VILLA STREET • PONCE, PR 00730-4875 • TEL. (787) 841-7373 • FAX (787) 841-7313

^{*}Standard Methods for the Examination of Water and Waste Water, 19th Edition, 1995.

BECKTON ENVIRONMENTAL LABORATORIES
192 Villa Street • Ponoe, PR. 00730-4875
Tel 787-841-7373 • Fax 787-841-7313

CHAIN OF CUSTODY RECORD

PROYECT NO	COMPA	ES Guman		SAMPLER AVITA
SAMPLE LOCATION CLIEN	מודו	10	02	TIME 7:45 AM CONTROL NO.
SAMPLE DATE		7-18-	14	BEL NO. 1403211 177827
I General Environmental	PC	VSS	PC	Sampling Witness;
Acidity ()		Alkahnity ()		Date/Time:
Ammonia as N ()	-	Bicarbonate ()	**********	Relinquished by:
BOD-5 ()	colonolysis	Bromide ()		Settlement of the settlement o
Chloride ()		Chlorine, Res. ()	-	7-211-14 11:20am
COD ()	-	Color (ADMI) ()	-	Date/Time:
Conductivity µmhos/em () Dissolved Oxygen ()		Color (Pt-Co) ()	*************	
14.4.	1,3	Cyanide ()	differente	Received by:
Moisture % ()	100	Fluoride ()	***********	1 Mg / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /
Nitrite ()	*DERINGS A	Nitrate ()		Bate/Timey 7-124-14 11: 20 km
Oil+Greesc ()	distinguis	Nitrate + Nitrite	overesto.	Relinquished by:
Phenol ()	-	pH, S.U. ()	-	Remidulated by.
Phosphorus, Total ()	-	Phosphate, Ortho ()		1 to him 1/to
Sett Solids mg/L ()	-	Sett Solids mL/L ()	-	Date/Tiple: 7-24-14 17:50 12
Sulfate ()	******	Solids, Total ()		Received by:
Sulfite ()	-	Sulfide ()	-	Received by:
Temperature, °C ()	***************************************	Surfactant ()	-	effect.
TOC ()	-	TSS ()	melloque	Date/Time: 7/24/14 1250pm
Asbestos ()	-	Turbidity ()	400**5-00	Relinquished by:
TVS ()		Carbonate ()	manufaction	remiquisited by.
Total Nitrogen ()	***	, ,	handeder	
2. Metals:	12			Date/Time:
Aluminum (Al) (X)	43	Cadmium (Cd) ()	-	Received by:
Chromium (Cr) ()	Shirene	Copper (Cu) ()	******	received by.
Iron (Fe) (Fe)	1,1	Lead (Pb) (4)	灯	
Manganese (Mn) () Nickel (Ni) ()	-	Mercury (Hg) ()		Date/Time:
	<u></u>	Sclenium (Se) ()	-	
(1.6)	13	Tin (Sn) ()	*******	Matrix
Barium (Ba) ()	pa	Arsenic (As) () Boron (B) ()	- Telephone	air () water () sludge ()
Antimony (Sb) ()	- Contract	Beryllium (Be) ()	-	liquid () soil () solid ()
Bismuth (Bi) ()	-	Calcium (Ca) ()	-	
Chromium, VI (CrVI) ()	-	Cobalt (Cu) ()		oil () mixed () other ()
Magnesium (Mg) ()		Molybdenum (Mo) ()	******	0
Potassium (K) ()	-	Silicon (Si) ()	-	Specify:
Sodium (Na) () Thallium (Tl) ()	-	Strontium (Sr) ()	- Williams	D
Thallium (TI) () Vanadium (V) ()	-	Titanium (Ti) ()	*****	Preservative Codes = PC
ANY MENTIFELLE (A) ()	Algorithman.	Lithium (L1) ()	electricity and	
3. RCRA/Hazardous wastes				I. Cool, <6°C 6. Sodium Hydroxide(NaOH)
Ignitability (Flash Pt.)()		Corrosivity ()		2. Sulfuric Acid (H,SO ₄) pH<2 7. Zinc Acetate
Reactivity (CN & S) ()	- Allerton	TCLP ()	-	
RCRA Metals ()	-	Organics-Pest/Herb ()	-	3. Nitric Acid (HNO ₃), pH<2 8. Ascorbic Acid
Organics-BNA (*******	Organics-VOA ()	-	4. Hydrochloric acid (HCl) 9. FAS
TOX (5. Sodium Thiosulfate 10.Other
4 Specific Organics		Phone Is CC		
Volatiles ()		Phenois GC () Semi-Volitiles (BNA) ()	-	Sample type legend:
Pesticides/PCB's	-		Advances	grab samples x
Herbicides	delleronee	PCB's Only () TPH 418.1 ()	-	
BTEX ()	-	TTO ()	-	composite samples xx
TTO & Dioxin ()	-1790	TPH 8015	Merces	Turnaround time: Sampling Equipment:
		Lindane ()	-	
5. Microbiology			-	I day () Automatic Sampler ()
Fecal Coliform ()	on the latest state of the	Total Coliform ()	-	, ,
				2 days () Sample Pick Up ()
Comments:				3 days ()
			one-complete-consecution	5 days ()
			THE RESIDENCE OF THE PARTY OF T	Note: normal turnaround time is ten (10) working days;
			_	additional charges apply for rush orders.

Original





ATTENTION:

A 50 A

Mr. Hector Ávila

COMPANY:

AES Puerto Rico - Guayama

DATE: August 7, 2014

CONTRACT: AES - Guayama

LAB. SAMPLE ID: BEL-1403267

SAMPLE DATE: 07/18/14 DESCRIPTION: 004

SAMPLE COLLECTED BY: Client (H Ávila) DATE DECENIED. 07/24/14

TIME: 7.55AM

LAB. FILE ID: 1403267

MATRIX: Water

JAIE KECEIVED: 1	3/164114			141	Latinati namen.		
PARAMETER	EPA METHOD	SAMPLE TYPE	UNITS	BEL-1403267 RESULT	METHOD DETECTION LIMIT	ANALYST	DATE ANALYZED
Hardness, Total	SM 2340 C*	Grab	mg/L	44.0	3.50	HM	08/05/14
	200.7(ICAP)	Grab	mg/L	0.248	0.010	BTR	07/30/14
tron	200.7(ICAP)	Grab	mg/L	0.134	0.010	BTR	07/30/14
Lead	200.7(ICAP)	Grab	mg/L	<0.001	0.001	BTR	07/30/14
Zinc	200.7(ICAP)	Grab	mg/L	0.025	0.001	BTR	07/30/14

^{*}Standard Methods for the Examination of Water and Waste Water, 19th Edition, 1995.

Method Detection Limit (MDL)-The minimum concentration of a substance that can be measured and reported with 99% confidence that the value is above zero.

Certification and release of the data contained in eport of Analysis has been authorized by the Laboratory Manager or the emple submitted.

Laboratory Director Chemist License 2370

Attachment Chain of Custody Records (1)

A 1501945 PAGE 1 OF 1

THE NELAC CERTIFIED ANALYSES MEET ALL REQUIREMENTS OF NELAC STANDARDS. REFER OUR SERVICE DEPARTMENT FOR THE CURRENT LIST OF CERTIFIED ANALYSES. CERTIFIED BY THE STATE OF FLORIDA DEPARTMENT OF HEALTH AND REHABILITATION SERVICES FOR ENVIRONMENTAL TESTING • CERTIFICATION NUMBER E87556 • 192 VILLA STREET • PONCE, PR 00730-4875 • TEL. (787) 841-7373 • FAX (787) 841-7313

192 Villa Street • Ponce, P.R. 00730-4875 Tel 787-841-7373 • Fax 787-841-7313 CHAIN OF CUSTODY RECORD

PROYECT NO	COMPAN	ES Grayer	Z.	SANTOPER AVILA
SAMPLE LOCATION/CLIE	агти	DA	4	TIME 7:55 MM CONTROL NO.
SAMPLE DATE		7-18-	-14	BEL NO. 140 3267 177829
I General Environmental	PC	VSS	PC	Sampling Witness;
Acidity ()		Alkalinity ()	10	Date/Time:
Ammonia as N ()		Bicarbonate ()	-Melhops-	
BOD-5 ()	-	Bromide ()		Relinquished by:
Chloride ()	*000000	Chionne, Res ()	-	7-24-14 11:20m
COD	-	Color (ADMI) ()	-	Date/Time:/
Conductivity µmhos/cm ()		Color (Pt-Co) ()	arvinden	
Dissalved Oxygen () Hardness	IZ	Cyanide ()	-	Received by
Moisture % ()	72	Fluoride ()	Wildeline	The front Count
Nitnte ()	vivulniguspus.	Nitrate ()	Milestonia.	Date/Time: 7724-14 4.201
Oil+Grease ()	-	Nitrate + Nitrate ()	-	
Phenol ()	***************************************	pH, S.U.	-	Relinquished by:
Phosphorus, Total ()		Phosphate, Ortho ()	-	1 160 Bin / Steward
Sett Solids mg/L ()	ductions.	Sett Solids mL/L	GRANGE AND	Datg/Timp. 7-27-14 12:5010
Sulfate ()	-	Solids, Total ()		
Sulfite ()	with the same of	Sulfide ()	Specialists.	Received by:
Parent Maria	*********	Surfactant ()	******	DeR
200	-	TSS ()	emaps, or	Date/Time: 7/24/14 12: 500m
Asbestos ()	develope	TKN ()	**************************************	and the second s
rvs ()	-leverone	Turbidity () Carbonste ()	*******	Relinquished by:
Total Nitrogen ()	of Principles	Carbonate ()		
Metals:	-			Date/Time:
Aluminum (Al) (X)	12	Cadmium (Cd) ()		
hromium (Cr) ()		Copper (Cu) ()	-	Received by:
ron (Fe)	13	Lead (Pb)	17	
danganese (Mn) ()		Mercury (Hg) ()	12	Date/Time:
Vickel (Ni) ()	-	Selenium (Sc) ()	*******	
Silver (Ag) ()	-	Tin (Sn) ()	- Course	Matrix
Zinc (Zn) (An) Barium (Ba)	12	Arsenic (As) ()	-	
Antimony (Sb) ()	-	Boron (B) ()	-	air () water (X) sludge ()
lismuth (Bi) ()		Beryllium (Be) () Calcium (Ca) ()	******	liquid () soil () solid ()
hromium, VI (CrVI)	estorary.	Calcium (Ca) () Cobalt (Co) ()	allianeous	oil () mixed () other ()
Aagnesium (Mg) ()	summings to	24-1-1	-	() ()
otassium (K) ()	-	Stlicon (Si) ()	-	Specify:
odium (Na) ()	-	Strontium (Sr) ()	-	
hallium (TI) ()		Titanium (Ti) ()	annumbra.	Preservative Codes = PC
anadium (V) ()	THE REAL PROPERTY.	Lithium (Li) ()	********	THE PORT OF THE PROPERTY OF TH
RCRA/Hazardous wastes			-	1. Cool, <6°C 6. Sodium Hydroxide(NaOH)
grutability (Flash Pt.)()		0		
eactivity (CN & S) ()	-Michigan	Corrosivity ()	-	2. Sulfuric Acid (H ₂ SO ₄) pH<2 7. Zinc Acetate
CRA Metals ()	whomas	TCLP ()	-	3. Nitric Acid (HNO,), pH<2 8. Ascorbic Acid
rganics-BNA ()	-	Organics-Pest/Herb () Organics-VOA ()	-	
OX ()	Manage	Organics-VOA ()	-	
	-			5. Sodium Thiosulfate 10.Other
Specific Organics		Phenois GC ()		Committee to the same to the s
olatiles ()	-alleliana	Semi-Volitiles (BNA) ()	-	Sample type legend:
sticides/PCB's ()	-	PCB's Only	- Mileton	grab samples x
77	-	TPH 418.1 ()	******	anne - it
O& Dioxin ()	all regions	TTO ()	*GERTANNER.	·
()	-	TPH 8015 ()	-	Turnaround time: Sampling Equipment:
Microbiology		Lundane ()	Person	E D d multurentet
cal Coliform ()		Total Coliform		l day () Automatic Sampler ()
. ,	***************************************	Tomi Coliform ()	-	2 days () Sample Pick Up ()
mments:				
MMCELL:	Agreement Colonian Consuming			3 days ()
				5 days ()
				Note: normal turnaround time is ten (10) working days;
				additional spaces on the control whiring (S) 2.
			Origin	additional charges apply for rush orders.





ATTENTION:

Mr. Héctor Ávila

COMPANY:

AES Puerto Rico - Guavama

DATE: August 7, 2014

CONTRACT: AES - Guayama

LAB. SAMPLE ID: BEL-1403268

SAMPLE COLLECTED BY: Client (H. Ávila)

DATE RECEIVED: 07/24/14

SAMPLE DATE: 07/18/14

TIME: 8:10AM

DESCRIPTION: 003 LAB. FILE ID: 1403268

MATRIX: Water

	Marie Company of the						
PARAMETER	EPA METHOD	SAMPLE TYPE	UNITS	BEL-1403268 RESULT	METHOD DETECTION LIMIT	ANALYST	DATE ANALYZED
Hardness Total Aluminum Iron Lead Zinc	SM 2340 C* 200.7(ICAP) 200.7(ICAP) 200.7(ICAP) 200.7(ICAP)	Grab Grab Grab Grab Grab	mg/L mg/L mg/L mg/L mg/L	368. 0.134 0.119 0.004 0.005	3.50 0.010 0.010 0.001 0.001	HM BTR BTR HS BTR	08/05/14 07/30/14 07/30/14 07/31/14 07/30/14

^{*}Standard Methods for the Examination of Water and Waste Water, 19th Edition, 1995.

Method Detection Limit (MDL)-The minimum concentration of a substance that can be measured and reported with 99% confidence that the value is above zero.

Certification and release of the data contain the Report of Analysis has been authorized by the Laboratory Manager or the Manager's Designee. Sample resi e sample submitted

Lcda. Iris M. Chévere Alf **Laboratory Director** Chemist License 2370

Attachment Chain of Custody Record

PAGE 1 OF 1

THE NELAC CERTIFIED ANALYSES MEET ALL REQUIREMENTS OF NELAC STANDARDS. REFER OUR SERVICE DEPARTMENT FOR THE CURRENT LIST OF CERTIFIED ANALYSES. CERTIFIED BY THE STATE OF FLORIDA DEPARTMENT OF HEALTH AND REHABILITATION SERVICES FOR ENVIRONMENTAL TESTING • CERTIFICATION NUMBER E87556 •

192 VILLA STREET • PONCE, PR 00730-4875 • TEL. (787) 841-7373 • FAX (787) 841-7313

192 Villa Street • Ponce, P.R. 00730-4875 Tel. 787-841-7373 • Fax 787-841-7313

CHAIN OF CUSTODY RECORD

PROYECT NO. COMPANY	ES Guyan	SANOYER AVILA
SAMPLE LOCATION/CLIENT ID	00/3	TIME 9:10 MAM CONTROL NO.
SAMPLE DATE	7-18-14	BEL NO 1403268 177828
1 General Environmental: PC	VSS PC	SamplingWitness;
Acidity ()	Alkalinity ()	Date/Time:
Ammonia as N ()	Bicarbonate ()	Relinquished by:
BOD-5 ()	Bromide () Chlorine, Res ()	7-27-19 11:20 am
COD ()	Color (ADMI)	
Conductivity µmhos/em()	Color (Pt-Co)	Date/Time:
Dissolved Owners 4	Cyanide ()	Received by
Hardness A II	Fluoride ()	Vito Cies Duy
Moisture % () Nitrite ()	lodide ()	Date/Times 7-24-14 111:20 Am
Oil+Grease	Nitrate + Nitrite ()	Relinguished by:
Phenol ()	pH, S.U.	Keringulyaicu by.
Phosphorus, Total ()	Phosphate, Ortho ()	1 Vita huma truck
Sett Solids mg/L ()	Sett Solids mL/L ()	Date/Time: 7 24 14 12:50/4
Suitake ()	Solids, Total ()	Received by:
Sulfite ()	Surfactant ()	120
Temperature, °C	TSS ()	Date Comment of the C
100	TKN ()	Date/Time: 1 7/24/14 12: 50pm
Asbestos ()	Turbidity ()	Relinquished by:
Total Nitrogen ()	Carbonate ()	
7 Memle		Date/Time:
Aluminum (Al) U 13	Cadmium (Cd) ()	Received by:
Chromium (Cr) ()	Copper (Cu) ()	Received by:
Iron (Fe) (A) 11	Lead (Pb) (C) LI	
Munganese (Mn) ()	Mercury (Hg) ()	Date/Time:
Silver (Ag) ()	Sclenium (Sc) () Tin (Sn) ()	No. Aut.
Silver (Ag) () Zinc (Zn) () Barnum (Ba) () Antimony (Sb) () Bixmuth (Bi) ()	Arsenic (As) ()	Matrix
Barrum (Ba) ()	Boron (B) ()	air () water (χ) sludge ()
Antimony (Sb) ()	Beryllium (Be) ()	liquid () soil () solid ()
Bismuth (Bi) ()	Calcium (Ca) ()	oil () mixed () other ()
CIRCINITION AT (CLAI) ()	Cobalt (Co) () Molybdenum (Mo) ()	()
Magnesium (Mg) () Potassium (K) ()	Molybdenum (Mo) () Silicon (Si) ()	Specify:
Sodivina (Na) ()	Strontium (Sr) ()	
institum (II) ()	Titanium (Ti) ()	Preservative Codes = PC
Vanadium (V) ()	Lithium (Li) ()	
3. RCRA/Hazardous wastes		1 Cool, <6°C 6. Sodium Hydroxide(NaOH)
Ignitability (Flash Pt.)()	Corresivity)	2. Sulfuric Acid (H ₂ SO ₂) pH<2 7. Zinc Acetate
Reactivity (CN & S) ()	TCLP ()	3. Nitric Acid (HNO ₂), pH<2 8. Ascorbic Acid
RCRA Metals ()	Organics-Pest/Herb)	
Organics-BNA () TOX ()	Organics-VOA)	4. Hydrochloric acid (HCl) 9. FAS
()		5. Sodium Thiosulfate 10.Other
4 Specific Organies	Phenois GC (Samula time larged
Volatiles ()	Semi-Volitiles (BNA)	Sample type legend:
Pesticides/PCB's () Herbicides ()	PCB's Only	grab samples x
BTEX ()	TPH 418.1 ()	composite samples xx
TTO & Dioxin ()	TPH 8015 ()	Turnaround time: Sampling Equipment:
	Lindane ()	combing rdufinient;
Microbiology		I day () Automatic Sampler ()
Fecal Coliform ()	Total Coliform ()	
Comments:		3 days ()
		5 days ()
		Note: normal turnaround time is ten (10) working days,
		additional charges apply for rush orders

Original

SECURE ST	0	Series .	A
p	1	Real Property lies	

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Form Approved.

WASHINGTON, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (MDMR)	OMB No. 2040-0004
Reason(s) for Submission (Check all that apply):	
☑ Submitting monitoring data (Fill in all Sections). □ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C.1, D, and F). □ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, F and include date of status change in comment field in Sections and include date of status change in comment field in Section E.4). □ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section E.4). □ Reporting that no further pollutant reductions are achievable for all outffells and for all pollutants via Pert 6.2.1.2 of the MSGP (Fill in Sections A, B at the comment of the MSGP (Fill in Sections A).	
A. Permit Tracking Number: PRR05BL65	fore completing this Form.
B. Facility Information	
1. Facility Name: AES PUERTO RICO	
2. Facility Location:	
a. Street: PR - 03 KM 142.0 BO.JOBOS	
b. City: GUAYAMA C. State: PR d. Zip Code: 0	0785-
3. Additional Facility Information (Optional):	
Contact Name: RON RODRIQUE Email: ron.rodrique@ae	s.com
Phone: 787 - 866 - 8117 Ext. 2219	
4. MDMR Preparer (Complete if MDMR was prepared by someone other than the person signing the certification in Section F)	
Prepared by: HECTOR M AVILA	
Organization: AES PUERTO RICO	
Email hector lavila@aes.com	
Phone 787-866-8117 Ext. 2266	
C. Discharge Information	
1. Identify monitoring period: Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify schedule and indicate for which alternative monitoring period you are reporting monitoring data:	alternative monitoring
☐ Quarter 1 (April 1 – June 30) ☐ Quarter 1: From 0 1 / 0 1 To 0 3 / 3 1	
Quarter 2 (July 1 – September 30) Quarter 2: From 0 4 / 0 1 To 0 6 / 3 0	
Quarter 3 (October 1 – December 31)	
☐ Quarter 4 (January 1 - March 31) ☐ Quarter 4: From 10/01 To 12/31	
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc? Yes (Complete line item 2.a.)))
2a. What is the hardness level of the receiving water? 6 8 0 0 mg/L	
D. Outfall Information	
How many outfall(s) are identified in your SWPPP?	
2. Do any of your outfalls discharge substantially identical effluents? YES Z NO	
2.a. If yes, for each monitored outfall, indicate outfall names that are substantially identical in table below.	
3.A. Monitored Outfall Name* 3.B. Substantially Identical Outfalls [List name(s) of outfall(s) substantially identical to outfall in 3.A. (if applicable)]	3.C. No Discharge?
*Reference attachment if additional space needed to complete the table.	

SEPA

E. Monitoring Information

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (MDMR)

Form Approved, OMB No. 2040-0004

Note: Make additional copies of this form as necessary.

I. Permit Tracking Num	Permit Tracking Number: PRR05BL65	6 5						
2. Nature of Discharge:	Nature of Discharge: [7] Rainfall (Complete line items 2.a., 2.b., & 2.c.)	tems 2.a., 2.b., & 2.c.) Snowmelt						
2.a. Duration of the rainfall event (hours):	fall event (hours): 0 1	2.b. Rainfall amount (inches): $\begin{bmatrix} 0 & 0 \\ 0 & \end{bmatrix}$.	00 3	2.c. Time s	ince previous measurabl	2.c. Time since previous measurable storm event (days): 0 1 1	1	
3.a. Outfall Name	3.b. Monitoring Type (QBM, ELG, S/T, 1, O)*	3.c. Parameter	3.d. Quality or Concentration	3.e. Units	3.f. Results Description	3.g. Collection Date	3.h. Exceedance due to natural background pollutant levels	3.i. No further pollutant reductions achievable?
2002	QMB	Aluminum	0.364	mg/L	alskin atti sitti kakkernasi da da salamaninsi kakin menenti atti sitati kateminin menenti atti salamanin mene	12/05/14		
002	QMB	Iron	0.063	mg/L		12/05/14		
002	QMB	Lead	ND	mg/L	0.001	12/05/14		
202	QMB	Zinc	0.026	mg/L	Andrew Management Angeles for the Company of the Co	12/05/14		
001	QMB	Aluminum	0.240	mg/L	THE REAL PROPERTY AND ADDRESS OF THE PROPERTY	12/05/14		
901	QMB	Iron	0.244	mg/L	de participament de la companya del la companya de	12/05/14		
201	OMB	Lead	QN	mg/L	0.001	12/05/14		
301	OMB	Zinc	0.016	mg/L	AND AND PROPERTY OF THE PROPER	12/05/14		
003	QMB	Aluminum	0.124	mg/L	Address of the control of the contro	12/16/14		
003	QMB	Iron	0.055	mg/L	And the second distribution of the second concession of the second secon	12/16/14		
003	QMB	Lead	0.006	mg/L	and the present of the control of th	12/16/14		
003	QMB	Zinc	0.001	mg/L	and maked to the control of the cont	12/16/14	0	
" (QBM) - Quarterly ben	chmark monitoring; (ELG) - /	(QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or Tribal-specific monitoring; (I) - Impaired waters monitoring, (O) -Other monitoring as required by EPA	onitoring; (S/T) - Sta	ite or Tribal	-specific monitoring; (I) -	Impaired waters monitoring,	(O) -Other monitoring as requ	ired by EPA
4. Comment and/or Exp	lanation of Any Violations (R	Comment and/or Explanation of Any Violations (Reference all attachments here)						
F. Certification		rhie d'III Nouth-descriments soin si masonifullichemes survancementaire de l'Addition de la commentaire de la comm	describerations and a second describeration of company of the second company of the seco	de processo de malesta de marco de marc		de des des constantes de completo de participa de la completo del completo de la completo de la completo del completo de la completo della completo della completo de la completo della co	TO ANGRESIAN AND THE PROPERTY OF THE PROPERTY	Anna company de la company
Hector M. Avila		I cartify under penality of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware	document and all at coordance with a sy ered and evaluated persons who manaring the information elief, true, accurate.	trachments vistem design the informal ge the syste the information, the information,	were prepared ned to assure tion submitted. It in a those ation submitted ation submitted ate. I am aware	R	í	3/21/1
Typed or Printed Name Officer or A	Typed or Printed Name/Title of Principal Executive Officer or Authorized Agent		submitting false info or knowing violations	ormation, in		nature of Principal Executive	Signature of Principal Executive Officer or Authorized Agent	Date
Email of Principal Execu	Email of Principal Executive Officer or Authorized Agent:	hector	.avilla@aes	. com				

Instructions for Completing the MSGP Industrial Discharge Monitoring Report (MDMR)

Who Must Submit A Discharge Monitoring Report to EPA?

Facilities covered under the Multi-Sector General Permit (MSGP or permit) that are required to monitor pursuant to Parts 6.2, 6.3, and 8 of the permit must submit the MSGP Discharge Monitoring Report (MDMR) consistent with the reporting requirements specified in Part 7.1 of the permit.

Where to File the MDMR Form

Monitoring data collected pursuant to Parts 6.2, 6.3, and 8 of the permit must be submitted electronically via EPA's Electronic Notice of Intent System (eNOI), which can be found at www.epa.gov/npdes/enoi. Filing electronically will allow permittees to easily submit the results of monitoring data to EPA. If you cannot access eNOI, monitoring results must be reported on the paper MDMR form and sent to one of the following addresses:

Via U.S. mail:

U.S. Environmental Protection Agency Office of Water, Water Permits Division Mail Code 4203M, ATTN: MSGP Reports 1200 Pennsylvania Avenue, NW Washington, D.C. 20460

Via Overnight/Express Delivery:
U.S. Environmental Protection Agency
Office of Water, Water Permits Division
Room 7420, ATTN: MSGP Reports
1201 Constitution Avenue, NW
Washington, D.C. 20004
Phone number: 202-564-9545

Completing the MDMR Form

To complete this form, type or print in uppercase letters in the appropriate areas only. Be sure that you complete all applicable questions. Photocopy your MDMR form for your records before you send the completed original form to the appropriate address above. Use ink when you sign and mail the original document — EPA will not accept photocopies. You may also use this paper form as a checklist for the information you will need when submitting a MDMR electronically via EPA's eNOI system.

Reasons for Submission

Indicate your reason(s) for submitting this MDMR by checking all boxes that apply. The reasons for submission are defined as follows:

- Submitting monitoring data: For each storm sampled, submit one MDMR form with data for all outfalls sampled. Select this reason even if you only have monitoring data for some of your outfalls (i.e., some outfalls did not discharge). If you select this reason you are required to complete all Sections of the form.
- Reporting no discharge for all outfalls for this monitoring period: Indicates
 that there were no discharges from all outfalls during this monitoring
 period. If you select this reason you are only required to complete
 Sections A, B, C.1, D, and F.
- Reporting that your site status has changed to inactive and unstaffed.
 Indicates that your facility is currently inactive and unstaffed (See Part 6.2.1.3 of the permit for more information). If you select this reason you are only required to complete Sections A, B, and F and include date of status change in the comment field in Section E.4.

Reporting that you site status has changed from inactive to active.
 Indicates that your facility is currently active (See Part 6.2.1.3 of the permit for more information). If you select this reason you are required to complete all Sections of the form and include date of status change in the comment field in Section E.4.

Reporting that no further reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the permit: Indicates that your facility has determined that no further pollutant reductions are technologically and economically practicable in light of best industry practice to meet the technology-based effluent limits or are necessary to meet the water-quality-based effluent limitations in Parts 2 of the permit (See Part 6.2.1.2 of the permit for more information). If you select this reason you are required to complete Sections A, B and F. However, if you can make this finding for some outfalls and pollutants, but not for others, you cannot select this reason; you will instead be able to identify which outfalls and which pollutants you can make this finding for in Section E.

Section A. Permit Tracking Number

Enter the National Pollutant Discharge Elimination System (NPDES) tracking number assigned by EPA's Stormwater Notice Processing Center to the facility. If you do not know the tracking number, you can find the tracking number assigned to your facility on EPA's Notice of Intent (NOI) Search website (www.epa.gov/npdes/noisearch).

Section B. Facility Information

 Enter the facility's official or legal name. Unless the name of your facility has changed, please use the same name provided on your NOI. You can use EPA's NOI Search website (www.epa.gov/npdes/noisearch) to view your NOI.

2.a-d. Enter the street address, including city, state, and zip code of the actual physical location of the facility. Do not use a P.O. Box.

3. (Optional) Identify the name, telephone number, and email address of the person who will serve as a contact for EPA on issues related to monitoring at your facility. This person should be able to answer questions related to stormwater discharges and monitoring or have immediate access to individuals with that knowledge. This person does not have to be the facility operator, but should have intimate knowledge of monitoring activities at the facility.

4. If the form was prepared by someone other than the person who is signing the certification statement in Section F (for example, if the MDMR was prepared by a member of the facility's stormwater pollution prevention team or a consultant for the certifier's signature), include the name, organization, phone number and

email address of the MDMR preparer.

Section C. Discharge Information

- 1. Indicate the appropriate monitoring period (Quarter 1, 2, 3, or 4) covered by the MDMR. "Atternative" monitoring periods can apply to facilities located in and and semi-arid climates, or in areas subject to snow or prolonged freezing. To use alternative monitoring periods, you must provide a revised monitoring schedule here in the first monitoring report submitted and indicate for which alternative monitoring period you are reporting monitoring data. If using alternative monitoring period you are reporting monitoring data. If using alternative monitoring period you file first day of the monitoring period through the last day of the monitoring period for each of the four periods. The dates should be displayed as month (Mo) / day (Day). See Parts 6.1.6 and 6.1.7 of the permit for more information.
- If you are submitting benchmark monitoring data, identify if your facility is
 required to collect benchmark samples for one or more hardness-dependent
 metals (i.e., cadmium, copper, lead, nickel, silver, and zinc). If you select "yes"
 to this question you must also complete Question 2.a. and if you select "no" to
 this question you may skip to Section D.
- 2.a. If you selected "yes" for Question 2 under Section C, then you are required to submit to EPA with your first benchmark report a hardness level, established consistent with the procedures in Appendix J of the permit, which is representative of your receiving water. If your outfalls discharge to more than one receiving water, as reported in your NOI form, you should report hardness for the receiving water with the lowest hardness values. Hardness values must be reported in milligrams per liter (mg/L).

Section D. Outfall Information

- Enter the total number of outfalls identified in your stormwater pollution prevention plan (SWPPP). Outfalls are locations where stormwater exits the facility, including pipes, ditches, swales, and other structures used to remove stormwater from the facility.
- Indicate if your facility has two or more outfalls that you believe discharge substantially identical effluents (i.e., stormwater), based on the similarities of the general industrial activities and control measures, exposed materials that may significantly contribute pollutants to stormwater, and runoff coefficients of their drainage areas. See Parts 5.1.5.2 and 6.1.1 of the permit for more information on substantially identical outfalls.
- 2.a. If you selected "yes" for Question 2 under Section D, then you must list the outfall name(s) in Column 3.B. that you expect to be substantially identical to the corresponding outfall in Column 3.A.
- Monitored Outfall Name: List name(s) of outfall(s) you are required to monitor in Column 3 A
- 3.B. Substantially Identical Outfalls: List name(s) of outfall(s) substantially identical to "Monitored Outfall" in Column 3.A. (if applicable)].
- 3.C No Discharge: Check box if you are reporting "No Discharge" for the monitored outfall for the reporting period identified in Section C.1.

Example:

BOOK ACREA & STOCK ACT.		NAME OF TAXABLE PARTY OF TAXABLE PARTY.
3.A Monitored Outfall	3.B. Substantially Identical Outfall	3.C. No
Name		Discharge
Outfall A	Outfall B; Outfall C	
Outfall D		X

Reference attachment if additional space is needed to complete the Table Section D.

Section E. Monitoring information

- Enter the NPDES tracking number assigned by EPA's Stormwater Notice Processing Center to the facility reported in Section A.
- 2. For the reported monitoring event indicate whether the discharge was from a rainfall or snowmelt event. If you select "rainfall" then indicate the duration (in hours) of the rainfall event, rainfall total (in inches) for that rainfall event, and time (in days) since the previous measurable storm event in line items 2.a-c. For both rainfall and snowmelt monitoring, you must identify the date of collection for the monitoring event in column 3.g. of the table. If the discharge occurs during a period of both rainfall and snowmelt, check both the rainfall and snowmelt boxes and report the appropriate rainfall information in item 2.a-c. To report multiple monitoring events in the same reporting period, copy Page 2 of this Form and enter each monitoring event separately with data for all outfalls sampled.

For each pollutant monitored at an outfall, you must complete one row in the Table as follows:

- Outfall Name: Provide the outfall name for which you monitored (e.g., Outfall 1, Outfall 2, Outfall 3).
- 3.b. Monitoring Type: Provide the type of monitoring using the specified codes, in parentheses, below:
 - . (QBM) Quarterly benchmark monitoring
 - . (ELG) Annual effluent limitations guidelines monitoring;
 - . (S/T) State- or Tribal-specific monitoring;
 - · (I) Impaired waters monitoring; or
 - . (O) Other monitoring as required by EPA.
- Parameter(s): Enter each "Parameter" (or "pollutant") monitored. For QBM and ELG monitoring, use the same parameter name as in Part 8 of the permit.
- 3.d. Quality or Concentration: Enter sample measurement value for each parameter analyzed and required to be reported. Enter "ND" (i.e., not detected) for any sample results below the method detection limit or "BQL" (i.e., below quantitation limit) for sample results above the detection limit but below the quantitation limit.
- 3.e. Units: Enter the units for sample measurement values (i.e., "mg/L" for milligrams per liter) for each parameter analyzed and required to be reported. For monitoring results reported as ND or BQL this space will be left blank and the units will be reported in Column 3.f.
- 3.f. Results Description: This section must be completed for any monitoring results reported as ND or BQL in the "Quality or Concentration" column. For ND, report the laboratory detection level and units in this column. For BQL, report the laboratory quantitation limit and units in this column.
- Collection Date: Identify the sampling date for each parameter monitoring result reported on this form.
- 3.h. Exceedance due to natural background pollutant levels: Check box if following the first 4 quarters of benchmark monitoring (or sooner if the exceedance is triggered by less than 4 quarters of data) you have determined that the exceedance of the benchmark is attributable solely to the presence of that pollutant in the natural background for that outfall and any substantially identical outfalls. See Part 6.2.4.2 of the permit for more information. Attach supporting rationale for your determination to the submitted MDMR and reference attachment in Section E.4.
- 3.i. No further pollutant reductions achievable: Check box if after collection of 4 quarterly samples (or sooner if the exceedance is triggered by less than 4 quarters of data), the average of the 4 monitoring values for any parameter exceeds the benchmark and you have made the determination that no further pollutant reductions are technologically available and economically practicable and achievable in light of best industry practice to meet the technology-based

- effluent limits or are necessary to meet the water-quality-based effluent limitations in Parts 2 of the permit (See Part 6.2.1. of the permit for more information) for that outfall and any substantially identical outfalls. Attach supporting rationale for your determination to the submitted MDMR and reference attachment in Section E.4.
- 4. Where violations of the permit requirements are reported, include a brief explanation to describe the cause and corrective actions taken, and reference each violation by date. Also, this section should include any additional comments such as are required when changing site status from inactive and unstaffed to active or vice versa. Attach additional pages if you need more snace.

Attach additional copies of Section E as necessary to address all outfalls and parameters.

Section F. Certification

Enter "Name/Title of Principal Executive Officer or Authorized Agent" with
"Signature of Principal Executive Officer or Authorized Agent," "Date" form was signed and email of the "Principal Executive Officer or Authorized Agent." If you submit
multiple pages of Section E monitoring data, each page must be appropriately signed
and certified as described below.

Certification statement and signature (see Section B.11 in Appendix B of the permit for more information). Federal statutes provide for severe penalties for submitting false information on this reporting form. Federal regulations require this form to be signed by one of the following individuals, or a duly authorized representative of that person, as follows:

For a corporation: by a responsible corporate officer, which means:

- (i) president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation, or
- (ii) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;

For a partnership or sole proprietorship: by a general partner or the proprietor; or For a municipal, State, Federal, or other public facility: by either a principal executive or ranking elected official.

Paperwork Reduction Act Notice

Public reporting burden for this certification is estimated to average 7.25 hours per response plus an additional 2 hours for respondents required to gather hardness data, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding the burden estimate, any other aspect of the collection of information, or suggestions for improving this form, including any suggestions which may increase or reduce this burden to: Director, Office of Environmental Information Services, Collection Services Division (2823), USEPA, 1200 Pennsylvania Avenue, NW, Washington, DC 20460. Include the OMB control number of this form on any correspondence. Do not send the completed MDMR form to this address.





ATTENTION:

Mr. Héctor Avila

COMPANY:

AES Puerto Rico - Guayama

DATE: January 20, 2015

CONTRACT: AES - Guayama

LAB. SAMPLE ID: BEL-1405720

SAMPLE COLLECTED BY: Client (H Ávila)

SAMPLE DATE: 12/16/14 TIME: 13:30

DESCRIPTION: Stormwater 003

LAB. FILE ID: 1405720 MATRIX: Water

DATE RECEIVED: 12/18/14

PARAMETER	EPA METHOD	SAMPLE TYPE	UNITS	BEL-1405720 RESULT	METHOD DETECTION LIMIT	ANALYST	DATE ANALYZED
TSS Aluminum Iron Lead Zinc	SM 2540 D° 200.7(ICAP) 200.7(ICAP) 200.7(ICAP) 200.7(ICAP)	Grab Grab Grab Grab Grab	mg/L mg/L mg/L mg/L mg/L	20.0 0.124 0.055 0.006 0.011	4.00 0.005 0.010 0.001 0.001	NL HS HS HS	12/18/14 01/14/15 01/12/15 01/12/15 01/12/15

^{*}Standard Methods for the Examination of Water and Waste Water 19th Edition, 1995

Method Detection Limit (MDL)-The minimum concentration of a substance that can be measured and reported with 99% confidence that the value is above zero.

Certification and release of the data contained in the Report of Analysis has been authorized by the Laboratory Manager or the Manager's Designee. Sample results related only to the sample submitted.

Loda. Iris M. Chévere Alfons **Laboratory Director** Chemist License 2370

Attachment: Chain of Custody Records (1)



PAGE 1 OF 1

THE NELAC CERTIFIED ANALYSES MEET ALL REQUIREMENTS OF NELAC STANDARDS. REFER OUR SERVICE DEPARTMENT FOR THE CURRENT LIST OF CERTIFIED ANALYSES. CERTIFIED BY THE STATE OF FLORIDA DEPARTMENT OF HEALTH AND REHABILITATION SERVICES FOR ENVIRONMENTAL TESTING • CERTIFICATION NUMBER E87556 • 192 VILLA STREET • PONCE, PR 00730-4875 • TEL. (787) 841-7373 • FAX (787) 841-7313

192 Villa Street • Ponce, P.R. 00730-4875 Tel. 787-841-7373 • Fax 787-841-7313

CHAIN OF CUSTODY RECORD

PROYECT NO.		COMPAN	ES Guy	~~~		SAMPHIR Avila / clar
SAMPLE LOCATIO)N/CLIEN	TID	Stormwa	t		OO3 TIME 13:30 AM CONTROL NO.
SAMPLE DATE				1-14	1	BEL NO. 1405720 180215
1. General Environm	ental:	PC	v:ss		PC	SamplingWitness;
Acidity	()	-	Alkalinity	()	-	Date/Time:
Ammonia as N BOD-5	()	-	Bicarbonate	()	-	Relinguished by:
Chloride	()	-	Bromide	()	-	Kemidusied by.
COD	()	-	Chlorine, Res	()		X/BOTTS
	()	Managadotan	Color (ADMI)	()		Date/Time: 12/18/19/ 11:00
Conductivity µmhos/s Dissolved Oxygen		-	Color (Pt-Co)	()	-	Received by:
Hardness	()	-	Cyanide ()	<u>-</u>	Received by:
Moisture %	()	-pagestay-	lodide	}		/ Vyla Line / freez
Nitrite	1 1	**********	Nitrate)	-	Date/Timo! 12-18-14 / 11:00
Oil+Grease	()		Nitrate + Nitrie (
Phenol	()		pH, S.U.	1	-	Relinguished by
Phosphorus, Total	()	- Maderian	Phosphare, Ortho	;	-	- Cto land Chand
Sen Solids mg/L	()		Sett Solids mL/L (ń		
Sulfate	()		Solids. Total)		
Sulfite	()		Sulfide	í		Received by:
TOS	()	odinina	Surfactant ()		12/1
Temperature, "C	().	-	TSS	()	二	Date/Time: (2/18/14 3:000)
TOC	()	-	TKN ()		The state of the s
Asbestos TVS	()	Anadorition	Turbidity ()	-	Relinquished by:
Total Nitrogen	()		Carbonatc ()		
2. Metais:	()	-				Date/Time:
Aluminum (Al)	D=)	13	Cadmium (Cd) (
Chromium (Cr)	()		(00))		Received by:
Iron (Fe)	(4)	11	A A	<u>~</u> }	77	•
Manganese (Mn)	(3)	1 posts	Mercury 27	3 ?	42	. Date/Time:
Nickel (Ni)	()	-	Selenium (Se) (4	70	Date line.
Silver (Ag)	()		Tin (Sn) (í		Matrix
Zinc (Zn)	(20)	江 三 三	Arsenic (As) (,	-	
Banum (Ba)	()	,-	Boron (B) ()	-	air () water (γ) sludge ()
Antimony (Sb)	()	*******	Beryllium (Be) ()		liquid () soil () solid ()
Bismuth (Bi)	()	wildfown.	Calcium (Ca) ()		oil () mixed () other ()
Chromium, VI (CrVI)	()		Cobatt (Co) ()	-	on () tinxen () other ()
Magnesium (Mg) Potossium (K)	()	*Contest	Molyhdenum (Mo) ()	Tringlished	Smarifu.
Potossium (K) Sodium (No)	()		Silicon (Si) ()	-	Specify:
Thallium (TI)	()	-	Strontium (Sr) ()	and the same of th	Preservative Codes = PC
Vanadium (V)	()	Named Income.	Titanium (Ti) (Lithium (Li) ()	-	rreservative Codes = PC
,	` '	Accessed.	Lithium (Li) ()	(management	
3. RCRA/Hazardous	wastes					1 Cool. < 6° C 6. Sodium Hydroxide(NaOH)
Ignitobility (Flash Pt.)	()		Corresivity ()		2. Sulfuric Acid (H ₂ SO ₄) pH<2 7. Zinc Acetate
Reactivity (CN & S)	()		TCLP)	(reposit	3 Nitric Acid (UNO) alles
RCRA Metals	()		Organics-PesuHerb ()	er manual	3. Nitric Acid (HNO ₃), pH<2 8. Ascorbic Acid
Organics-BNA	()	********	Organics-VOA)	Subject:	4. Hydrochloric acid (HCl) 9. FAS
тох	() ,	-				5. Sodium Thiosulfate 10.Other
4 Specific Committee						1 V. VIIII
Specific Organics Volatiles			Phenols GC (}	Weeks	Sample type legend:
Penicides/PCB's	()		Semi-Volitiles (BNA))		
	() .	Microspa	PCB's Only			grab samples x
MARKET AND	()		TPH 418 !) _		composite samples xx
TO & Digain		-	-		erio.	· ·
		***************************************	Lindane		one.	Turnaround time: Sampling Equipment:
. Microbiology				,	r/mar	1 day () A day and a
	()		Total Coliform (5		l day () Automatic Sampler ()
				•	-	2 days () Sample Pick Up ()
Comments:						3 days ()
, v:41116113;	~				Minhopos	
						5 days ()
					neadquaries.	Note: normal turnaround time is ten (10) working days;
						- 1864 1 - 1 - 1 - 1 - 1 - 1 - 1
				On	igin	81 arminimi charges apply 101 1091 010012.





ATTENTION:

Mr. Héctor Ávila

COMPANY:

AES Puerto Rico - Guayama

DATE: December 19, 2014

CONTRACT: AES - Guayama

LAB. SAMPLE ID: BEL-1405521

SAMPLE COLLECTED BY: Client (Avita)

DATE RECEIVED: 12/08/14

SAMPLE DATE: 12/05/14

TIME: 15:40

DESCRIPTION: Stormwater 002

LAB. FILE ID: 1405521

MATRIX: Water

PARAMETER	EPA METHOD	SAMPLE TYPE	UNITS	BEL-1405521 RESULT	METHOD DETECTION LIMIT	ANALYST	DATE ANALYZED
Aluminum	200.7(ICAP)	Grab	mg/L	0.364	0.005	BTR	12/15/14
Iron	200.7(ICAP)	Grab	mg/L	0.063	0.010	BTR	12/15/14
Lead	200.7(ICAP)	Grab	mg/L	<0 001	0.001	BTR	12/15/14
Zinc	200.7(ICAP)	Grab	mg/L	0.026	0.001	BTR	12/15/14

Method Detection Limit (MDL)-The minimum concentration of a substance that can be measured and reported with 99% confidence that the value is above zero.

Certification and release of the data contains of Analysis has been authorized by the Laboratory Manager or the e submitted.

Loda, Iris M. Chévere Alfo **Laboratory Director** Chemist License 2370

Attachment: Chain of Custody Records (1)

PAGE 1 OF 1

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BECKTON ENVIRONMENTAL LABORATORIES

192 Villa Street • Ponce, P.R. 90730-4875

CHAIN OF CUSTODY RECORD Tel. 787-841-7373 • Fax 787-841-7313

PROYECT NO.	COMPANY	AES GM	١,	SAMPLER Avila
SAMPLE LOCATION/CLIEN	IT ID	StormWater	00	
SAMPLE DATE		12-5-14		BEL NO 1405521 179975
I. General Environmental	PC	V\$S	PC	SamplingWitness;
Acidity ()	****	Alkalinity ()	-	Date/Time:
Ammonia as N ()	-	Bicarbonate ()	-	Relinquished by:
BOD-5 ()	-	Bromide (')		12/8/14 1:100
Chloride ()	nimination.	Chlorine, Res. ()		12/0/14 . July
COD ()		Color (ADMI) (')	-	Date/Time:
Conductivity jumbos/cm () Dissolved Oxygen ()		Color (Pt-Co) ()	-	Received by:
	assettement.	Cyanide ()	-	Sala
Moisture % ()		Fluoride (,) Iodide (;)		
Nitrite ()	MUNICIPAL PROPERTY AND ADDRESS OF THE PERTY ADDRESS	Nitrate (')	-	Date/Time: 12-8-14 1:15/99
Oil+Gresse ()	telement	Nitrate + Nitrite (·)		Relinquished by:
Phenol ()	-	pH, S.U. (,)		Kemiquisited by.
Phosphorus, Total ()	Others and the	Phosphate, Ortho (1)	-	(20)
Sett Solids mg/L ()	-	Sen. Solids mL/L ()	******	Date/Time: 12-8-14 2/30P/
Sulfate ()	addition.	Solids, Total (1)		
Sulfite ()	and the same of th	Sulfide ()	-	Received by:
TDS ()		Surfactant ()	-	ONUA COLYan
Temperature. ℃ ()	-		·I	ALC TO
roc ()		TKN ()		Date Time.
Asbestos ()	en-99%	Turbidity ()		Relinquished by:
TVS ()	*****	Carbonate ()		
Total Nitrogen ()	-			
2. Metals:				Date/Time:
Aluminum (AI) (X)	1.3	Cadmium (Cd) ()		Received by:
Chromium (Cr) ()		Copper (Cu) ()		Received by.
fron (Fe) (X)	13	Lead (Pb) (X	1.7	
Manganese (Mn) ()	-	Mercury (Hg) ()		Date/Time:
Nickel (Ni) (')	-	Selenium (Se) ()	-	
Silver (Ag) (_)	-	Tin (Sn) ()	-	Matrix
Zinc (Zn) (X)	113	Arsenic (As) ()	-	air () water (🗷) sludge ()
Barium (Ba) ()		Boron (B) (')	-	
Antimony (Sb) ()	, matterings	Beryllium (Be) ()		liquid () soil () solid ()
Bismuth (Bi) ()	willedhoon	Calcium (Ca) (,)	-	oil () mixed () other ()
Chromium, VI (CrVI) ()	mountain	Cobalt (Co) ()		() minos (,) suite (,)
Magnesium (Mg) ()	-	Molybdenum (Mo) ()		Specify:
Potassium (K) ()	-	Silicon (Si) ()	-	Specify.
Sodium (Na) ()	shanner	Strontium (Sr) ()	-	Preservative Codes = PC
Thallium (TI) ()	900barran	Titanium (Ti) ()	-	rieservative Codes - rC
Vanadium (V) ()	anyminediskr	Lithium (Li) ()	-	
3. RCRA/Hazardous wasses				1. Cool, <6°C 6. Sodium Hydroxide(NaOH)
gnitability (Flash Pt.) ()		Corrosivity ()		2. Sulfuric Acid (H,SO ₄) pH<2 7. Zinc Acetate
Reactivity (CN & S) ()	Annumyro.			
RCRA Metals ()	-		-	3. Nitric Acid (HNO ₃), pH<2 8. Ascorbic Acid
Organics-BNA ()	-	Organics-Pest/Herb (') Organics-VOA ()		4. Hydrochloric acid (HCl) 9. FAS
rox ()	********	gmiles ()		5. Sodium Thiosulfate 10.Other
	60000-t-			V. Comment intermediate in Comment
I. Specific Organics		Phenols GC ()		Sample type legends
Adatiles ()		Semi-Volitiles (BNA) ()	-	Sample type legend:
esticides/PCB's ()		PCB's Only	esecutive.	grab samples x
Berbicides ()		TPH 418.1 ()	- Springer	composite samples xx
BTEX ()	20,000	TTO ()	mercensor.	
TO & Dioxin ()		TPH 8015 ()		Turnaround time: Sampling Equipment:
		Lindane ()		
. Microbiology			- Minimala	1 day () Automatic Sampler ()
fecal Coliform ()	**************************************	Total Coliform ()		
	000000000			2 days () Sample Pick Up ()
Comments:				3 days ()
.viatacits:			-	5 days ()
			_	Note: normal turnsround time is ten (10) working days;
				additional charges apply for rush orders.
)riai	nal





ATTENTION:

Mr. Hector Avila

COMPANY:

DATE: December 19, 2014

AES Puerto Rico - Guayama

CONTRACT: AES - Guavama

LAB. SAMPLE ID: BEL-1405522

SAMPLE COLLECTED BY: Client (Ávila) DATE RECEIVED: 12/08/14

TIME: 15:50

SAMPLE DATE: 12/05/14

DESCRIPTION: Stormwater 004

LAB. FILE ID: 1405522

MATRIV. MAL

				181	VILINY AARIEL		
PARAMETER	EPA METHOD	SAMPLE TYPE	UNITS	BEL-1405522 RESULT	METHOD DETECTION LIMIT	ANALYST	DATE ANALYZED
Aluminum Iron Lead Zinc	200.7(ICAP) 200.7(ICAP) 200.7(ICAP) 200.7(ICAP)	Grab Grab Grab Grab	mg/L mg/L mg/L mg/L	0.240 0.244 <0.001 0.016	0.005 0.010 0.001 0.001	BTR BTR BTR BTR	12/15/14 12/15/14 12/15/14 12/15/14

Method Detection Limit (MDL)-The minimum concentration of a substance that can be measured and reported with 99% confidence

Certification and release of the data contained in the Report of Analysis has been authorized by the Laboratory Manager or the Manager's Designee. Sample results related the Charles and the the Charles

Loda. Ins M. Chévere Alfon Laboratory Director Chemist License 2370

Attachment: Chain of Custody Records (1)

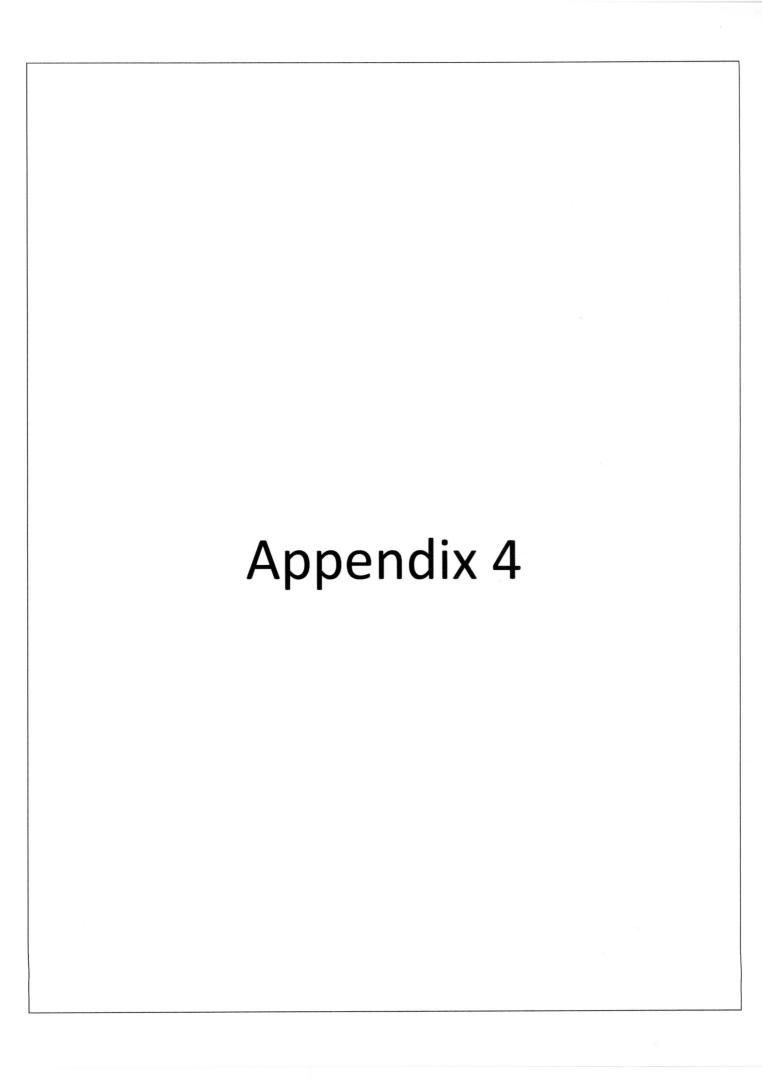
PAGE 1 OF 1

THE NELAC CERTIFIED ANALYSES MEET ALL REQUIREMENTS OF NELAC STANDARDS. REFER OUR SERVICE DEPARTMENT FOR THE CURRENT LIST OF CERTIFIED ANALYSES. CERTIFIED BY THE STATE OF FLORIDA DEPARTMENT OF HEALTH AND REHABILITATION SERVICES FOR ENVIRONMENTAL TESTING CERTIFICATION NUMBER E87556 • 192 VILLA STREET • PONCE, PR 00730-4875 • TEL (787) 841-7373 • FAX (787) 841-7313

192 Villa Street • Ponce, P.R. 00730-4875 Tel. 787-841-7373 • Fax 787-841-7313

CHAIN OF CUSTODY RECORD

PROYECT NO.	COMPANY	AES GMA.		and the second s	SAMPLEK	Av	rila	
SAMPLE LOCATION/CLIEN	T ID	StumWater	00	4		TIME	15:50器	CONTROL NO.
SAMPLE DATE		12-5-14	1			BEI. NO.	1405522	179976
1. General Environmental;	PC	VSS .	PC	Sampling)		A Province
Acidity ()		Alkalinity ()	-	Date/Tim	ıe:			
Ammonia as N () BOD-5 ()	******			Relinquis	shed by:			
Chloride ()	******	Bromide ()			0000			1
COD ()		Chlonne, Res. () Color (ADMI) ()	-			-/- /	7.	
Conductivity µmhos/cm()	-	Color (Pt-Co)		Dater I im	-	18/1	9 (-1	9/2
Dissolved Oxygen ()	-	Cynnide ()		Received	by:	•	0	~)
Hardness ()	-	Fluoride ()			•		Tall	
Moisture % ()		lodide ()	-	Date/Tim		12-	8-14	1:15 PM
Nitrite ()	-	Nitrate ()			Statement of the Party of the P	12-	- '7	7.1311
Oil-Greate () Phenol ()				Relinquis	shed by:		0,/	<i>)</i>
Phosphorus, Total ()	-	Mhambas Oute 1	-			-	ans	
Sett Solids mg/L ()				Date/Tim	le.	12-8	-14	2.30PM
Sulfate ()	-	Calide Total		Received	The second second second second			
Sulfite ()	****	Sulfide ()		Received	·		1.1	
TDS ()	-	Surfactant ()	Militar-law-	-	Mude	10	yamo Tau	
Temperature, °C ()	-	TSS ()	-	Date/Tim	de 1	_	12/2/14	2:35pm
Asbestos ()	-	TKN () Turbidity ()		Relinquis	ORDER DATE OF THE PROPERTY OF			7
TVS		Carbonate ()		Kemiqua	siled by.			
Total Nitrogen ()			-					
2. Metals:		•		Date/Tim	e:			
Aluminum (Al)	1.3	Cadmium (Cd) ()	-	Received	by:			
Chromium (Cr) ()		Copper (Cu) ()			- J.			
Iron (Fe) (Nn) ()	1.3	Lead (Pb) (XX)	3	Date/Time	A1			
Manganese (Mn) () Nickel (Ni) ()	-	Salamina (Sa) ()	-	Date/Inn	E:			
Silver (Ag) ()	******	-		Matrix				
Zinc (Zn) (X)	13	Arsenic (As) ()	authorism v					
Barium (Ba) ()		0	-	ai	r () wa	ter (X) s	ludge ()
Antimony (Sb) ()	-	Beryllium (Be) ()		lio	quid () soil	l () s	olid ()
Bismuth (Bi) ()		Calcium (Ca) ()		oi	1 () mix	ked () c	ther ()
Chromium, VI (CrVI) () Magnesium (Mg) ()	enterente.	Cobalt (Co) ()		4		,	()	,
Magnesium (Mg) () Potassium (K) ()		Molybdenum (Mo) () Silicon (Si) ()	neroette.	Specify:				
Sodium (Na) ()		Strontium (Sr) ()	-					www.com.com.com.com.com.com.com.com.com.com
Thallium (TI) ()		Titanium (Ti) ()	dominates.	Preserva	tive Cod	es = PC		
Vanadium (V) ()		Lithium (Li) ()						
3 BC0 4 41				1. Cool.<6°	C		6. Sodium	Hydroxide(NaOH)
3. RCRA/Hazardous wastes Ignitability (Flash Pt.)()		C		2. Sulfuric		11-U-2		
Reactivity (Flash Pt.) ()	-	Corrosivity () TCLP ()						
RCRA Metals ()	-	Organics Pest/Herb ()		3. Nitric A			Ascorbi	c Acid
Organics-BNA ()		Organics VOA		4. Hydrochi	loric acid (HCI)	9. FAS	
TOX ()				5 Sodium 7	Thiosulfate		10.Other	
4. Specific Organics		Phenois GC (
Volatiles ()		Semi-Valueles (BVA)		Sample t				
Pesticides/PCB's ()	portugues.	PCB's Only ()			gra	b sampl	es x	
Herbicides ()	arre	TPH 418.1 ()					samples x	x
BTEX ()	adhindraps	Tro ()		M		-		
TTO & Dioxin ()	distance.	TPH 8015	minus	Turnarou	ing time	: San	npling Equi	oment:
5. Microbiology		Lodenc ()	manufacture (da / '			1 ()
Fecal Coliform ()		Total Col form			day (omatic Samp	oier ()
, ,			PPA	2 (days () San	nple Pick Up	()
Comments				3 (days ()		
Comments:)		
			Trivoradis.				5 41 1 11 11 11	
			-	LAC			d time is ten (10) we	
		Or	igin	al	addini	onal charges	apply for rush ords	rs.
		-	- 22					



Administrative Compliance Order AES-PR Coal Fired Power Plant Docket Number CWA-02-2012-3100

Quarterly Visual Assessments October - December 2014

AES Puerto Rico, LP Storm Water Pollution Prevention Plan

MSGP Quarterly Visc	ual Assessment Form Worksheet No. 6
[1986] 이번 2015년 1976년 - 1976년 1일 1976년	for each outfall you assess)
1,771,771,771,771,771,771,771,771,771,7	Tracking No.
Outfall Name: 003 "Substantially Identical Outfall"? \(\substantially \)	Yes
Person(s)/Title(s) collecting sample: Hector M. Arik / Enr. Coor	Linator
Person(s)/Title(s) examining sample: Hecho M. Ant. / Env. Con	14:00
Date & Time Discharge Began: 13.25 Date & Time Sample Collect	ted: 13:30 Date & Time Sample Examined: 12/16/14 Note: Samples must be examined within an hour. 12/16/14
Substitute Sample? 🔀 No 🔲 Yes (identify quarter/year when sample was	s originally scheduled to be collected):
Nature of Discharge: Rainfall Snowmelt	
If rainfall: Rainfall Amount: 0.2 inches Previous Storm Ended > 72 l	nours X Yes No* (explain): On /2/15/14 total min Was 0.53 but no outsalls
Before Start of This Storm?	Was 0.53 but no outself a
[HT] 사용하는 <u> (HT</u> MET 1987) <u>(HE</u> 라고스 1984 (1984 - 1984) 1884 (1984 - 1984) 1884 (1984 - 1984)	meter <i>SP- 003</i> .
Color None Other (describe): Odor None Musty Sewage Sulfur Sour Solvents Other (describe):	Petroleum/Gas
Clarity 🔀 Clear 🗌 Slightly Cloudy 🗎 Cloudy 🔲 Opaque 🗌	Other
Floating Solids X No Yes (describe):	
Settled Solids** No Yes (describe):	
Suspended Solids 🔯 No 🔲 Yes (describe):	
Foam (gently shake sample) 😿 No 🔲 Yes (describe):	
Oil Sheen None Flecks Globs Sheen Slick Other (describe):	
Other Obvious Indicators of No Yes (describe): Stormwater Pollution	
* The 72-hour interval can be waived when the previous storm did not yield a measural than a 72-hour interval is representative of local storm events during the sampling periods.	ble discharge or if you are able to document (attach applicable documentation) that less od.
** Observe for settled solids after allowing the sample to sit for approximately one-half	hour.
Detail any concerns, additional comments, descriptions of pictures taken necessary). Insert details	n, and any corrective actions taken below (attach additional sheets as
Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendi	x B for Signatory Requirements)
I certify under penalty of law that this document and all attachments were prepared unqualified personnel properly gathered and evaluated the information submitted. Based	der my direction or supervision in accordance with a system designed to assure that on my inquiry of the person or persons who manage the system, or those persons est of my knowledge and belief, true, accurate, and complete. I am aware that there are
A. Name: Hector M. fina	B. Title: Env. Coordinator D. Date Signed: 12/16/14
C. Signature: 1000	D. Date Signed: 12/16/14

AES Puerto Rico, LP Storm Water Pollution Prevention Plan

	MSGP Quarterly Visual A	ssessmen	t Form	Worksheet No. 6
	(Complete a separate form for each	h outfall you asses:	OFRICE	
Name of Facility: AES PR			05BL65	×
	tical Outfall"? No Ye			
Person(s)/Title(s) collecting sample: //elfor /	M. Auch / Eno. Coordi	MAST		
Person(s)/Title(s) examining sample: Hecker	M. Auto / Env. Coord			10.00
Date & Time Discharge Began: 15:20	Date & Time Sample Collected:	12/5/14	Date & Time Sample Examin Note: Samples must be examined w	red: /6:25 hithin an hour. /2/5/14
Substitute Sample? 🔽 No 🔲 Yes (identify q	uarter/year when sample was origi	nally scheduled	to be collected):	
Nature of Discharge: 🔀 Rainfall 🔲 Snowmel	t			
	Previous Storm Ended > 72 hours Before Start of This Storm?	Yes	☐ No* (explain):	
	Parameter			
Color None Other (describe): Odor None Musty Sewage Solvents Other (describe):	Sulfur Sour Petro	leum/Gas		
Clarity 🛛 Clear 🗌 Slightly Cloudy 🔲	Cloudy Dpaque Dother			
Floating Solids X No Yes (describe)	:			
Settled Solids**	light sift			
Suspended Solids X No Yes (describe)				
Foam (gently shake sample) 💢 No 🗌 Yes (de s cribe):			
Oil Sheen X None Flecks Globs Other (describe):	Sheen Slick			
Other Obvious Indicators of No Ye Stormwater Pollution	es (describe);			
* The 72 -hour interval can be waived when the previou than a 72 -hour interval is representative of local storm		charge or if you a	re able to document (attach applic	cable documentation) that less
** Observe for settled solids after allowing the sample t	to sit for approximately one-half hour.			
Detail any concerns, additional comments, de necessary). Insert details	scriptions of pictures taken, and	any corrective	e actions taken below (attach	n additional sheets as
Certification by Facility Responsible Official (Refer I certify under penalty of law that this document and all qualified personnel properly gathered and evaluated the directly responsible for gathering the information, the insignificant penalties for submitting false information, incomparison.	attachments were prepared under my e information submitted. Based on my formation submitted is, to the best of n	direction or supe inquiry of the per ny knowledge and	rvision in accordance with a syste son or persons who manage the s d belief, true, accurate, and compl	system, or those persons
A. Name: Hector M. Arih C. Signature:	В.	Title: Eau C	2/5/14	
C. Signature:	D.	Date Signed: /.	2/5/14	

AES Puerto Rico, LP Storm Water Pollution Prevention Plan

MSGP Quarterly Visual Assessment Form Worksheet No. 6
(Complete a separate form for each outfall you assess)
Name of Facility: AES PR NPDES Tracking No. PRROSBL65
Outfall Name: 60 4 "Substantially Identical Outfall"? No Yes
Person(s)/Title(s) collecting sample: Hecter M. Auth / Env. Coordinator
Person(s)/Title(s) examining sample: Hector M. Arik /Env. coordinator
Date & Time Discharge Began: 15:20 Date & Time Sample Collected: 15:50 Date & Time Sample Examined: 12/5/14 Date & Time Sample Examined within an hour. 12/5/14
Substitute Sample? X No Yes (identify quarter/year when sample was originally scheduled to be collected):
Notice of Discharge M. D. Coursell
Nature of Discharge: ☑ Rainfall ☐ Snowmelt If rainfall: Rainfall Amount: 0-2 inches Previous Storm Ended > 72 hours ☑ Yes ☐ No* (explain):
If rainfall: Rainfall Amount: 0-2 inches Previous Storm Ended > 72 hours ☑ Yes ☐ No* (explain): Before Start of This Storm?
Parameter
Color None Other (describe):
Odor None Musty Sewage Sulfur Sour Petroleum/Gas Solvents Other (describe):
Clarity Clear Slightly Cloudy Cloudy Dpaque Dther
Floating Solids No Yes (describe):
Settled Solids** No Yes (describe):
Suspended Solids No X Yes (describe): 1: Hile black farticules
Foam (gently shake sample) 🔀 No 🔲 Yes (describe):
Oil Sheen None Flecks Globs Sheen Slick Other (describe):
Other Obvious Indicators of X No Yes (describe): Stormwater Pollution
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). Insert details
Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements)
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
A. Name: Hector M. Anta B. Title: Env. Coordinator
A. Name: Hector M. Anth B. Title: Env. Card: nater C. Signature: D. Date Signed: 12/5/14